



# Oral Hygiene

NOVEMBER 1947

Official New York Dental Journal, December 1947

*In This Issue:*

**LOOKING-GLASS DENTISTRY**

COMPLETE TABLE OF CONTENTS, PAGE 1001



**To Eliminate Costly and Annoying Repairs —**

*HANDPIECES should first be cleaned with*

**Solubri**  
REG. U.S. PAT. OFF. TRADE MARK  
**CLEANER**

No single preparation can both clean and lubricate. To insure the greatest possible service from handpieces and angles clean off accumulations of grit and dirt regularly with SOLUBRI CLEANER.



*and then LUBRICATED with*

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REG. U.S. PAT. OFF. TRADE MARK  
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8 ounce bottles for refills \$1.50 each



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CLEVELAND, OHIO U.S.A.



**Will *you* help**

**Dentists**

**Their Patients**

***... and Yourself***

**by writing to your Congressmen?**

(See inside pages for details)

### **What's all the shouting about?**

The present tax law . . . This law seems quite benevolent regarding deductions for medical and dental care—until you try it. *Then* you discover the catch! Unless your medical and dental bills add up to a staggering amount (*over 5%* of your “adjusted gross income”—in tax-return language), you might as well push those bills back in the desk drawer. The Government won't let you deduct a cent of them from your income tax.\*

### **Why should the law be changed?**

Because making all health care deductible from taxes would

- 1 encourage John A. Citizen to have more health care—since the money spent for such care could *all* be deducted from taxes
- 2 improve the health of the Nation—because more people would have regular medical and dental check-ups and *preventive care*
- 3 probably *increase* the Government's tax revenue.

\*Read “All Health Care Should be Tax Deductible” (April Oral Hygiene) and “Let's Make All Health Care Tax Deductible” (November Oral Hygiene) by Harold J. Ashe.

### **How can cutting this tax increase revenue?**

Offhand, it would seem that the Government would be losing a lot of revenue by allowing tax deductions for *all* medical and dental expense. But think a moment!

Picture the Government as a factory, and each man as a machine producing income for the factory. In any industrial plant, the machines are kept in good repair. They *must* be to get maximum working years, maximum production, *and maximum income* from them . . . The same principle applies to taxpayers. Keep them healthy if you want them to live longer, make more money, *and pay more taxes!*

To let a man become a non-producer, is sheer waste—even from the Government's viewpoint . . . a non-producing drill press may be sold for junk. A non-producing man may become a public charge, and cost the Government a great deal of money.

### **What can you do to help?**

Tell your Senators and Representatives! . . . Legislation is a slow process and needs a lot of *urging*. There is no pressure group to do this urging, but if all dentists, dental dealers, and dental advertisers would write their Congressmen, saying they want the tax law changed to permit deduction of *all* health expense, it might start the legal ball rolling.

### **Who started the drive to change the law?**

Like so many wrongs that should be righted, the present short-sighted tax law was unquestioned until an enterprising reporter brought it to the attention of an interested group of readers. Harold J. Ashe's first article on the subject (the "opening gun," he calls it), published in Oral Hygiene (where so many dental "opening guns" are fired), brought hearty response from dentists.

His second article (in the current issue) carries an appeal to *everyone connected with dentistry* to help the cause. When you're reading this article, remember that it is editorial material like this that makes dentists eager to read the magazine . . . and that gives added force to your advertisements in

# Oral Hygiene

OVER 36 YEARS OF SERVICE TO THE DENTAL PROFESSION

# NO GUESSWORK

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## REBASE

MADE BY KONFORMAX







## *The Publisher's Corner*

By Mass

Number 317

### **MORE ABOUT YOUR BEST YEARS**

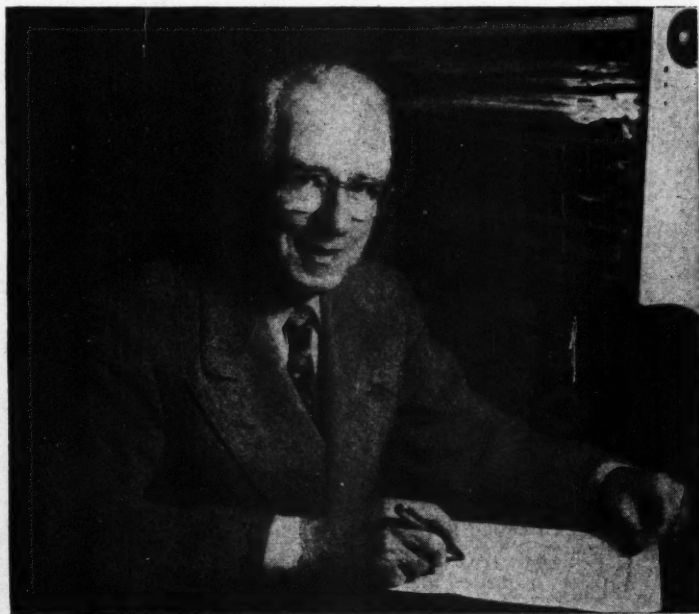
THE PIECE about "Your Best Years," printed month before last, struck a responsive chord in the souls of at least a few CORNER customers. They heartily agree that my old friend the retired dentist is right about it: the later decades are best. At least one reader, a New Yorker, had his thinking changed. Not yet fifty, he is now looking forward to the fifty-sixty decade. He was feeling as low as old black Joe when he opened up September ORAL HYGIENE and started to read the CORNER, but "the more I read, the better I felt, and today I am convinced that this old friend of yours is quite correct, and that a man's best years are from fifty to sixty. So now I am about to set forth with renewed vigor and new courage!"

Next to be heard from was Doctor Fred D. Miller of Altoona, Pennsylvania. Fred writes that, at sixty, he believes his best years are coming up. He still shoots golf in the seventies (or so he says) and tells about Doctor George Gregg shooting a seventy-five on the tough Oakmont course near Pittsburgh on his seventy-fourth birthday.

Deciding that my middle initial must stand for "Bulgy," Fred sent a reprint of one of his articles about diet, asserting that "it may add some comfortable years to your valuable life," with a nuts-to-you aside: "Take it or leave it—it's *your* health you are monkeying with."

The same day, a letter came from Hollywood, from Doctor Rea Proctor McGee, ORAL HYGIENE's third editor, who retired in 1932 after he went to California to practice plastic surgery—the specialty in which he had distinguished himself during the First World War. Rea also had read the CORNER.

Proving that he, too, is full of zip and zizz, he wrote: "I can see no reason why anyone should feel old at seventy. My hobbies are my practice, painting pictures, reading, studying, raising flowers and fruits, enjoying people and Nature. Hell, I haven't time to grow old! When I reach *your* age, maybe I will start to think about the fellow who does plastic surgery with a spade. Just to show you how lightly the years have touched me, I am sending you this picture which was taken in my office." He looks just as full of beans as he did in the old days here in Pittsburgh



when he edited the magazine. That was fun for him too. Then, as now, this paper didn't stand around with its finger in its mouth, rubbing one foot against the other, when some good old star-spangled candor seemed necessary in discussing dental problems. Rea loved it. Never in my life did I meet a more interesting human being. It's a real privation not to be able to chin with him now.

Doctor Howard Raper wrote too—from Albuquerque—but about the August CORNER, "Bill and Eg." Howard said he likes Eg (Geist) better than Bill (Shakespeare), both of whom were quoted. You may recall that Eg interpreted, in current English, Bill's piece, "Polonius' Advice to His Son."

Another customer heard from is Doctor Arthur T. White of Pasadena, California. Arthur said "thanks" for the reference to him in September, and sent this fine little poem he wrote long years ago; its melody lingers on:

A friend looks kindly on our faults,  
For you and I possess them,  
And lends to us a helping hand,  
If we would fain repress them.

He comes to us, with counsel grave,  
When most advice we're needing,  
Nor turns away although, perchance, we  
Accord to it scant heeding.

He walks with us through darkest hour,  
He grasps our hand, in sorrow,  
And smiles with us when fortune points  
Toward a glad tomorrow.

And when the shadows gather 'round,  
Nor wealth nor power avail us,  
E'n then his cheering voice we hear,  
E'n then he will not fail us.

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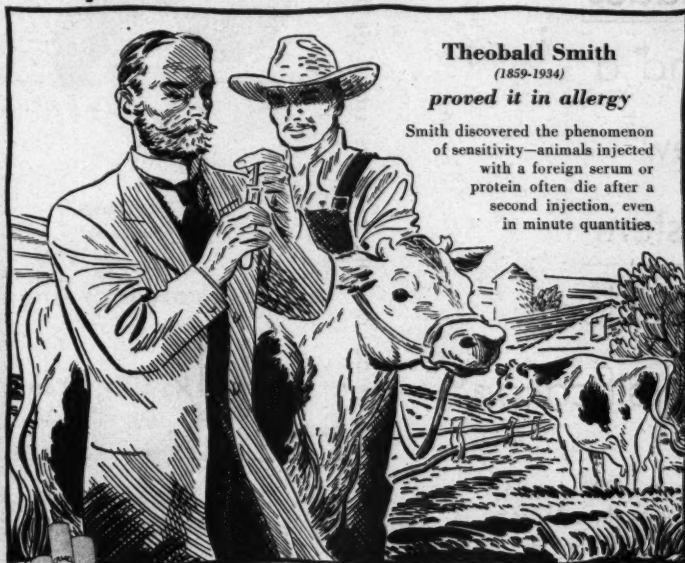
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(1859-1934)

*proved it in allergy*

Smith discovered the phenomenon of sensitivity—animals injected with a foreign serum or protein often die after a second injection, even in minute quantities.



*Yes, and experience is the best teacher in smoking too!*

**E**XPERIENCE during the war-time cigarette shortage taught smokers the differences in cigarette quality. In those days, people smoked—and compared—many different brands. Many smokers learned that Camels suit them best. **As a result, more people are smoking Camels than ever before.**



*According to a Nationwide survey:*

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new  
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 new  
system  
 of color  
 classification

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1. NOTE THE COMPLEXION OF THE PATIENT, LIGHT OR DARK.



Ages under 21  
 Shade 61

2. NOTE AGE GROUP OF PATIENT



Ages 46 to 60  
 Shade 67 or  
 Shade 69

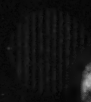
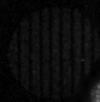
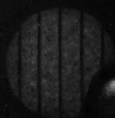
THE NEW HUE VITALITY SCALE contains 12 shades arranged in order of the decreasing brilliance found in natural teeth with advancing age. These 12 shades have been divided for ready application into 6 age groups. Each group, except the first, contains at least 2 shades of increasing saturation within the group.

Five of the shades are new: 61, 60, 68, 78 and 87. These shades will, with use of the Vitality Scale, eventually replace four of the shades in the present guide: 85, 63, 73 and 79.

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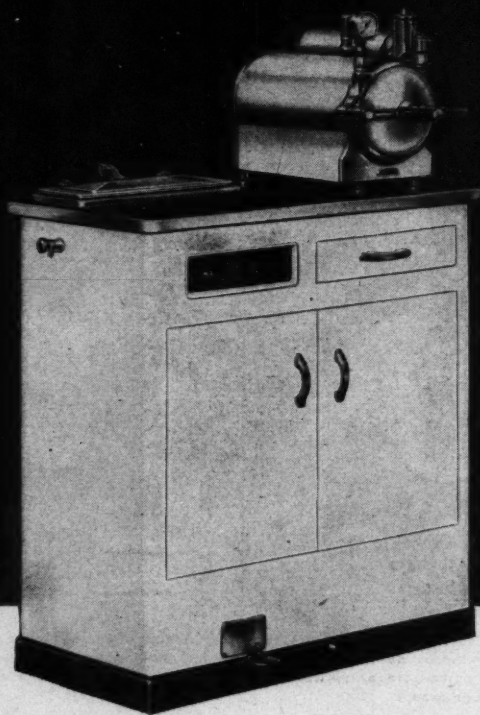


new hue vitality scale

NOT ANOTHER SHADE GUIDE

XUM

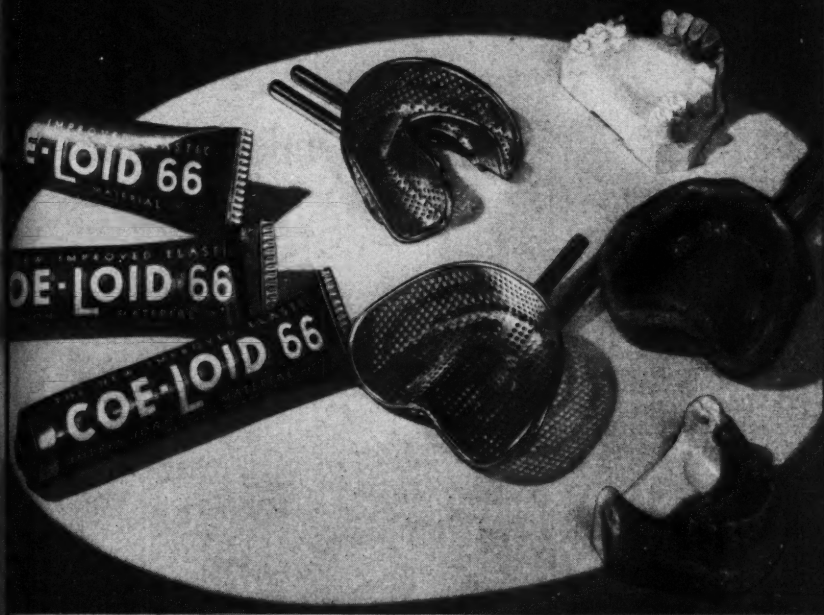
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- as a powder: sprinkle on toothbrush
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- as a mouthwash: dissolve in water

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WHY DENTISTS



*Du Pont*

# ON A PHARMACIST'S SHELF:

## *the secret of stainless false teeth*

**B**ACK IN 1774, a Parisian apothecary named Duchateau originated the idea of stainless false teeth. And while details are not recorded, it may have happened this way:

Like other pharmacists of his day, Duchateau taste-tested various concoctions during mixing to determine their potency. As a result, his ivory false teeth became permanently stained. Then one day he may have noticed how easy it was to wash his porcelain mortar free of stains. For thereafter, when he replaced his ivory teeth, his new false teeth were made of shining, stainless porcelain.\*

The discovery of porcelain for false teeth was but one more step in the

gradual improvement of dentistry in those days before science came of age. Since then, the achievements of scientific dentists, working with carefully developed equipment and materials, have raised dentistry to today's high level of skill and excellence.

To meet today's high standards of prosthetic dentistry, Du Pont research developed "Lucitone" denture material. Continuous Du Pont research and manufacturing experience, allied with dental know-how, make "Lucitone" a standard of excellence in denture material . . . a combination of the most desired qualities for laboratory, dentist, and patient.

\*From "The Story of Dentistry," by M. D. K. Bremner, D. D. S., F. A. C. D.

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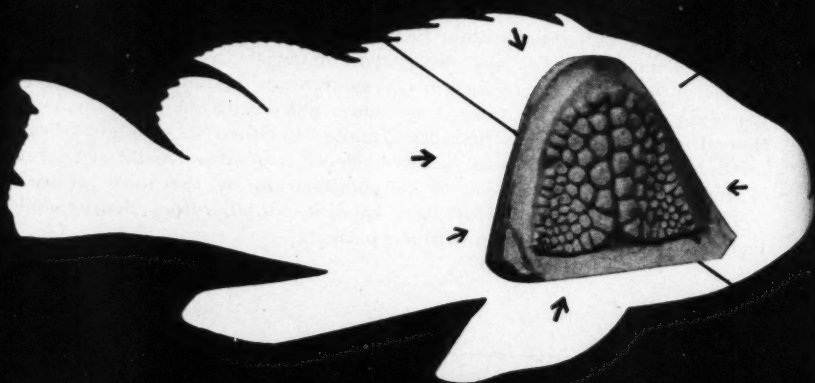
**Abrasion-resistant**—resist scratching and pitting.

**Dimensionally stable**—retain shape.

**"LUCITONE"** is the trade mark of the only acrylic resin denture material completely processed by Du Pont. "Lucitone" is distributed by the L. D. Caulk Co., Milford, Delaware.

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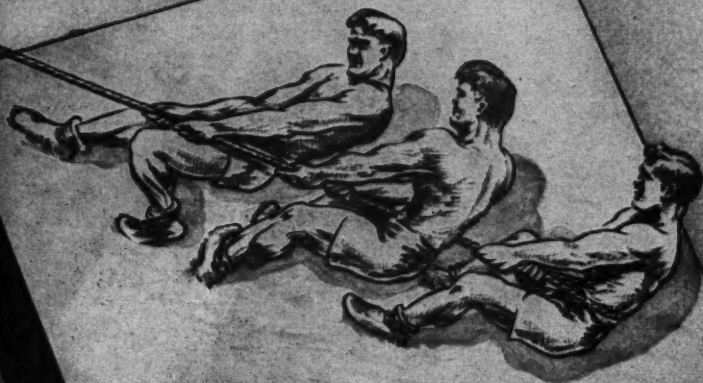


T H E R E   I S   A   T I C O N I U M

XUM

# BRUTE STRENGTH

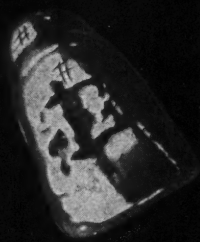
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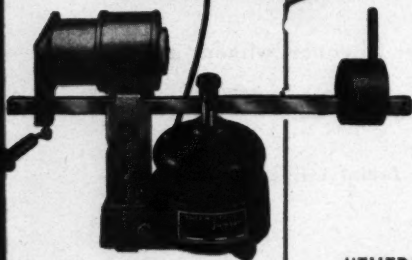
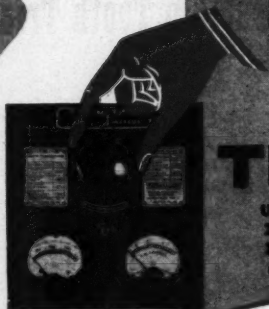
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# Oral Hygiene

VOL. 37, NO. 11

NOVEMBER 1947

Picture of the Month .....	1905
Let's Make All Health Care Tax Deductible. <i>Harold J. Ashe</i> .....	1906
Synergetic Action of Nitrous Oxide-Oxygen and Vinethene ..... <i>Louis Willinger, D.D.S.</i> .....	1910
No Short Cuts to Dental Training. <i>Jerome S. Grosby, D.D.S.</i> .....	1914
What Do You Expect from Dentistry? .....	1918
..... <i>J. Campbell Thompson, D.D.S.</i> .....	
Looking-Glass Dentistry .....	1922
..... <i>Frank J. Hospers, D.D.S.</i> .....	
Old Folks Adrift .....	1926
The General Dentist—A Country Cousin .....	1930
..... <i>John W. Cooke, D.M.D.</i> .....	
Private Orthodontic Institution Opened in Buenos Aires ....	1933
Portraits and Profiles of American Dentists .....	1940
..... <i>Howard A. Hartman, D.D.S.</i> .....	

## DEPARTMENTS:

The Publisher's Corner .....	1878
So You Know Something About Dentistry! .....	1913
Technique of the Month .....	1921

Dear Oral Hygiene .....	1934
Dentists in the News .....	1936
Editorial Comment .....	1944
Ask Oral Hygiene .....	1946
Laffodontia .....	1952

## EDITOR

Edward J. Ryan

B.S., D.D.S.

## ASSOCIATE EDITOR

Marcella Hurley

B.A.

## ASSISTANT EDITOR

Florence E. Biller

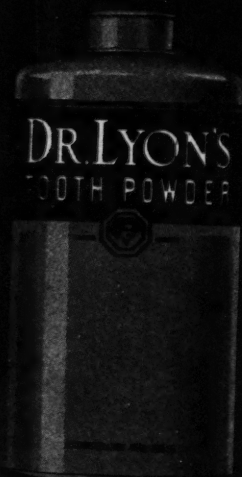
B.A.



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 IS PRESERVED IN METAL CANS

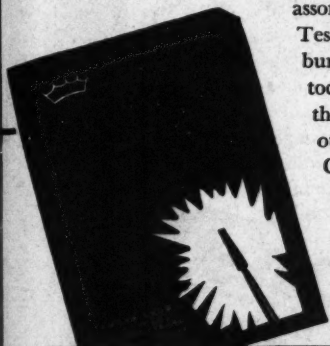


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# DIAMOND CROWN INSTRUMENTS

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*The value of*  
**Forhan's** *with massage*  
to supplement dental chair  
treatment in  
**GINGIVITIS**

You'll be interested in learning how an important clinical investigation, conducted under practicing Dentists, shows the value of Forhan's with massage as a home aid in Gingivitis.

In the course of the investigation, hundreds of dental patients were individually examined. 795 were found to have Gingivitis. Approximately half of this number was given prophylaxis. *All* were instructed to massage their gums with Forhan's Toothpaste for 30 days.

**95% Gingivitis cases improved  
at end of 30-day test period!**

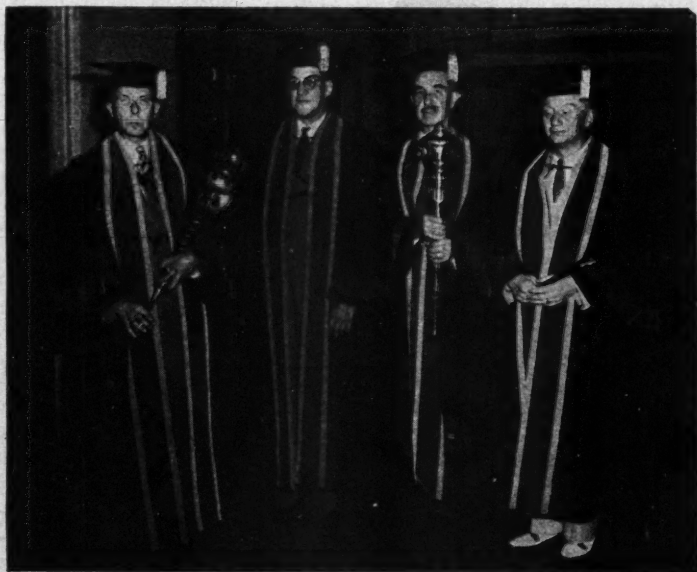
95% of all the Gingivitis cases showed marked improvement at the end of this 30-day test period. And 100% of those with normal gums had maintained their gums in healthy condition.

For these reasons, Forhan's with massage invites your continued acceptance and recommendation — as a home adjunct to professional care in the treatment of Gingivitis.



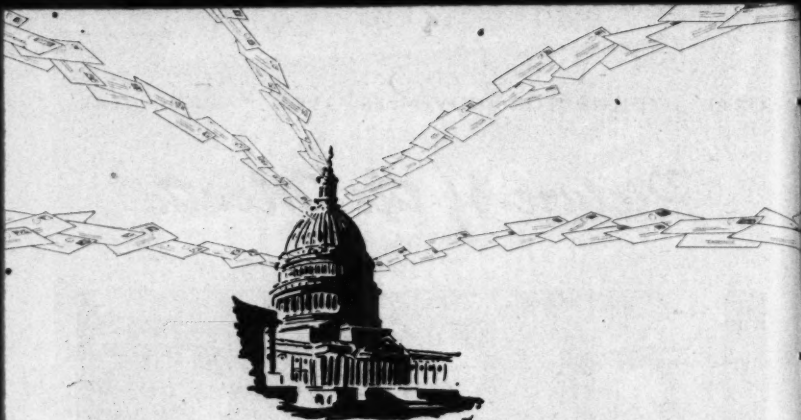
**FOR FIRMER GUMS—CLEANER TEETH**

## *Picture of the Month*



OFFICERS OF the American College of Dentists who met at the Hotel Statler, Boston, during the Eighty-Eighth Annual Meeting of the American Dental Association, to confer fellowships on prominent American dentists are (left to right): Obed H. Moen, Watertown, Wisconsin, Mace Bearer; William H. Hodgkin, Warrentown, Virginia, President; Jack D. O'Farrell, Houston, Texas, Torch Bearer; and Harry Wood, Detroit, Marshal.—*Boston (Massachusetts) Herald Photograph.*

*Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.*



## Let's Make All Health Care Tax Deductible

By HAROLD J. ASHE

WHILE IT WAS gratifying to receive an unusually large number of letters from readers about my article *ALL HEALTH CARE SHOULD BE TAX DEDUCTIBLE*<sup>1</sup> published in the April issue of *ORAL HYGIENE*, I was disappointed by the almost total absence from this correspondence of any expressed intention of doing anything practical about the tax code which now penalizes health care. However, this may have resulted from my own failure to outline a course of action, rather

than from indifference on the part of the readers. I now propose to set forth certain steps which may result in correcting this tax inequity; provided individual support is forthcoming.

To those who feel that this tax reform is overdue, I say simply this: Unless dentists and physicians, supply houses, and medical and dental manufacturers, as well as taxpayers, generally, rally behind a campaign to amend the tax code making medical-dental expenses fully tax deductible, this proposed reform will be delivered stillborn.

One letter writer did recognize

<sup>1</sup>Ashe, H. J.: *All Health Care Should be Tax Deductible*, *ORAL HYGIENE* 37:516 (April) 1947.

**Here are specific suggestions for expressing your support of tax reform to make health care tax deductible.**

immediately the vast amount of preliminary work necessary to convert an idea into law. Said he in part:

"Is there any lobby working on such legislation? Or is there any Congressional committee considering such a bill?

"I should like very much to see some action taken to put such a bill into motion, and would gladly work to aid such an organization. If there is anything I can do locally, please advise me what it is."

**Lawmaking by Pressure**

Most of us have had a "smattering" of political science dating from our school days, and some few of us may still cling to the impression that our elected representatives legislate solely by consulting their conscience and viewing objectively the needs of our country. Such a legislative vacuum, of course, does not exist. Those of us who have reached intellectually the age of consent know that most legislating is done by ear, whether for good or ill. In itself this may not be a bad formula for lawmaking except for one circumstance: a small segment of our population seems to have a direct wire connected with legislative ears to the exclusion of the vast majority of us. We now have laws written on the statute books—or repealed—largely by pressure.

Fortunately there is nothing

mysterious about legislating by pressure. Reduced to simplest terms it is a means by which a like-minded group of people convey their wishes to their representatives in the Congress. If two equally divided and opposed groups each want conflicting legislation passed, the odds will be in favor of that group which is most vocal and insistent. If one group remains mute its chance of success is virtually nonexistent.

Even when a needed reform, such as making medical-dental care fully tax deductible, has virtually no known opposition, its success is far from assured because of the clamoring for passage of other bills by groups who know what they want and proceed to work toward that end.

It is no longer enough that professional men tell their friends that there ought to be a law. While they are telling their friends, another group is telling their lawmakers about something else.

**Pressure from Constituents**

Lawmakers are responsive to the wishes of their constituents, but they are not equipped with political Geiger counters. There is only one certain way they can know what voters are thinking about and what taxpayers want, and that is to tell them. Bedeviled by an overwhelming mass of work, even the most conscientious legislators will



give first consideration to a bad law which has voter demand behind it, rather than worry over a good and needed law which has no apparent vocal support coming from their constituents.

So, to answer my correspondent: There is no lobby working on legislation to eliminate the medical-dental exclusion clause. Neither is there any Congressional committee considering such a bill.

The April issue of ORAL HYGIENE was the "opening gun." So here is what must be done immediately to set in motion the processes which may ultimately result in medical-dental care being made fully deductible.

1. Individual readers should write letters to their two Senators and Congressman urging amendment of the tax code along the lines set forth in the April article. These letters should be as brief as possible without, however, failing to clarify the proposal and emphasizing that the present exclusion clause is discriminatory.

2. Local dental societies should pass resolutions of a similar character and address them to their Congressmen.

3. Readers should endeavor to introduce resolutions addressed to Congressmen in local civic organizations, luncheon clubs, and other groups.

4. Individual persons or dental groups having the ear of Congressmen should make special efforts to get such members of the Congress to introduce a bill fully exempting

all medical and dental services.

5. Heads of supply houses, dental manufacturers, hospitals, physicians and surgeons, salesmen should all be enlisted in the campaign.

6. Sample letters might well be run off and distributed among interested people, outlining what a letter to a Congressman should include. However, a note should be appended urging letter writers to rephrase letters in their own language. Congressmen are suspicious of letters or postcards that indicate a common author, not because such communications imply an organized campaign, but because they doubt the degree of interest of those using form letters or printed postcards.

7. In addition, many readers can enlist the aid of wives or mothers who may be able to secure the support of women's clubs, Parent-Teacher Associations, and other similar groups having a practical interest in seeing that the tax code is amended.

Once a Congressman has been found who will sponsor and introduce a bill along the lines set forth in the previous article, the second phase of the campaign will start. At that point readers will have a named and numbered bill to which to refer when writing to Congressmen. They can then ask for a reply as to how their Congressman stands.

The next step will call for having the bill favorably reported out of committee. That means letters

directed at committee members, resolutions, and other persuasive measures.

At this point readers and societies can write letters to newspapers urging newspaper readers to support a specific and named bill. Speakers at society meetings, luncheon clubs, and other civic organizations can be quoted in local news stories.

Precisely because this is not a pressure campaign in the accepted sense of that word, but is based upon an effort to correct a glaring tax injustice, it will call for considerable initiative on the part of persons throughout the dental and allied professions. It will call for the expenditure of time and energy

on the part of many persons who give without thought of personal gain.

With ORAL HYGIENE acting as a voluntary general headquarters and clearinghouse, all who participate in any way whatsoever may keep ORAL HYGIENE informed of their activities.

No additional time will be involved in making carbon copies of letters and resolutions and forwarding copies to ORAL HYGIENE. This, more than anything else that readers may do, will indicate the direction the campaign is taking and the amount of interest that is being aroused.

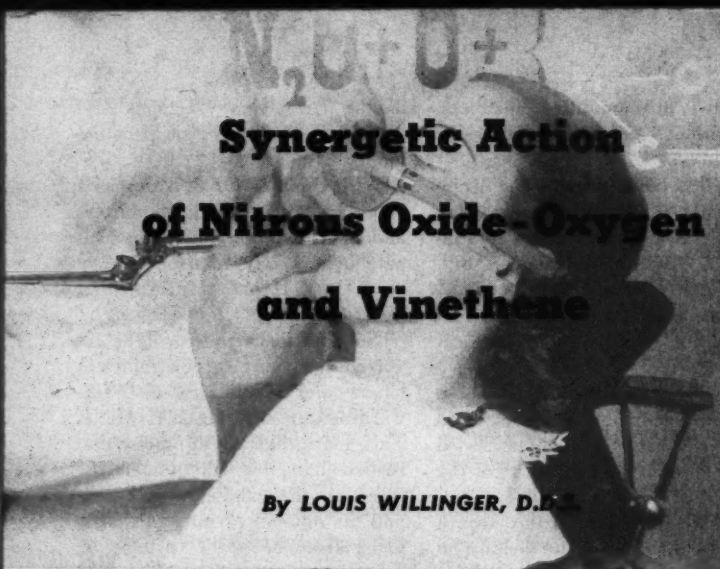
2002 Knopf Street  
Compton, California

### IMPORTANT CORRECTION

THE DATES of the Mid-Continent Dental Congress to be held in St. Louis are December 1, 2, and 3, 1947, rather than the date December 13 which appeared on the cover of October ORAL HYGIENE and in other dental publications.

### UNIVERSITY OF PENNSYLVANIA OFFERS POSTGRADUATE COURSES

THE THOMAS W. Evans School of Dentistry announces postgraduate courses in all the fields of clinical dentistry. Most of these courses are one to two weeks in length. For information address: Vincent R. Tra-pozzano, D.D.S., Director of Postgraduate Courses, University of Pennsylvania, 4001 Spruce Street, Philadelphia 4.



# **Synergetic Action of Nitrous Oxide-Oxygen and Vinethene**

**By LOUIS WILLINGER, D.D.S.**

NITROUS oxide-oxygen has been used as a general anesthetic in dental offices for the extraction of teeth and minor oral surgery for more than a century. In recent years it has been used with considerable success for many dental operative procedures such as cavity preparation and tooth grinding. Trained men who have applied themselves have performed these operations painlessly under nitrous oxide-oxygen anesthesia with great satisfaction to both themselves and their patients.

While nitrous oxide-oxygen is recognized as the safest of inhalation anesthetic agents, it is definitely one of the most difficult to administer. This is especially true for the dentist who is a novice in general anesthesia. These are some

of the reasons for this difficulty:

1. The so-called anesthetic threshold or zone of nitrous oxide-oxygen is extremely narrow. The patient slides into too light or too deep an anesthetic stage with great facility. It is no easy task to maintain smooth anesthetization with nitrous oxide-oxygen for any appreciable length of time.

2. Unlike the hospital anesthetist who has only his sleeping patient to consider, the dentist is frequently called upon to act as both anesthetist and operator at the same time. It is an added burden to administer an anesthetic agent such as nitrous oxide-oxygen when one has to watch the patient and at the same time perform one or more of the many intricate dental operations.

This specific information regarding the use of nitrous oxide-oxygen and vinethene will be helpful in your practice.

Vinethene or divinyl oxide has been in use since 1931. It is a highly volatile liquid with an odor like garlic. It is nonirritating to the respiratory tract and has been used successfully by the open-drop method for minor oral operations requiring an inhalation anesthesia of short duration. Vinethene is as potent an anesthetic agent as ether or cyclopropane, but differs from them in that recovery is exceptionally rapid with little or no tendency to nausea.

By taking advantage of the better qualities of both agents, one finds in administering nitrous oxide-oxygen in combination with vinethene that they are compatible. The shortcomings of nitrous oxide-oxygen are offset by the greater potency and other favorable characteristics of vinethene. When nitrous oxide-oxygen is used alone the addition of oxygen is limited to an objectionable degree. If combined with vinethene, a much larger percentage of oxygen can be administered even at the beginning of the induction period. This increased quantity of oxygen makes it possible to maintain the patient satisfactorily anesthetized with greater ease and safety.

### Administration

In administering nitrous oxide-oxygen in combination with vinethene, the nitrous oxide alone is given first for about seven or eight

inhalations. Oxygen to the amount of about 15 per cent is then gradually added. The vinethene vaporizer which is attached to the nitrous oxide-oxygen apparatus is now opened and the liquid is permitted to flow into the mixture at the rate of about sixty drops a minute. The speed and smoothness of the anesthesia which ensues are gratifying. Frequently in less than a minute the symptoms of anesthesia are clearly evident. The stage of excitability is rarely encountered. If present at all it is of little or no consequence. At this time the rate flow of nitrous oxide should be diminished. The oxygen is increased to 20 per cent or more, the drops of vinethene are reduced, and the resultant anesthesia is of sufficient depth and duration for the average dental office procedure or operation. To facilitate and speed recovery, the lungs should be aerated with pure oxygen (100 per cent).

Since patients must leave dental offices under their own locomotion, and for other reasons, it is advisable not to keep them under a general anesthetic for a much longer period than fifteen minutes.

### Contraindications

There are but few contraindications for synergetic nitrous oxide-oxygen and vinethene anesthesia. Among these are patients possessed with an extreme fear of be-

ing rendered unconscious and who absolutely refuse a general anesthetic. There also are patients who present themselves with head colds and clogged nasal passages through which gases could not flow freely. Procaine is the anesthetic of choice in these cases. Hypertension, cardiac lesions, diabe-

tes, and pregnancy are not necessarily contraindications. However, it is desirable to give a larger percentage of oxygen at all times to such patients.

*Harvey Building  
355 East 149th Street  
New York 55, New York*

### FLYING DENTIST VISITS CANADA

DOCTOR NELS P. Sorensen, Greenville, Michigan, dentist, recently made a week's tour of Canadian points in his four-place cabin Stinson. In making this trip Doctor Sorensen was able to compile information for the benefit of pilots who wish to fly over the Canadian border but who are uninformed on the rules and regulations which must be followed.

On this trip Doctor Sorensen, accompanied by Mrs. Sorensen, visited Toronto, Montreal, and Quebec. "First to remember after checking out of a listed or approved airport in the United States is that your first Canadian landing must be made at an official Port of Entry," this dentist reported upon his return. "Before taking off, you must write, telephone, or wire the office of Collector of Revenue at the Port of Entry where you plan to land. . .

"In Canada, you are required always to file a 'Flight Plan,' as the government wishes to know at all times where your aircraft is supposed to be. . .

"When you pass Canadian customs, they issue you a permit to enter the country which you must carry with you. This permit must be turned in at your Port of Exit from Canada. You get clearance to leave the country after you have passed through customs again."—*Greenville (Michigan) Daily News*.

### THE COVER

OUR COVER is dedicated to the Greater New York Dental Society whose meeting will be held at the Pennsylvania Hotel, New York City, December 8-12. The photograph is a familiar New York scene with the majestic Empire State Building in the foreground.





## *So You Know Something About Dentistry!*

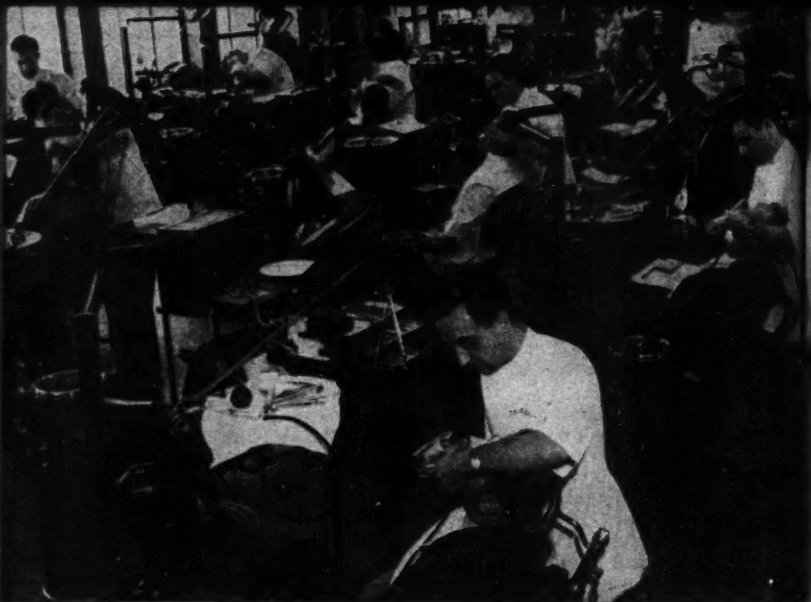


### QUIZ XXXVIII

1. Which of the following are round burs? (a) 33½, (b) 2, (c) 4, (d) 559, (e) 8, (f) 70. ....
2. The periodontal membrane receives its arterial supply from (a) one, (b) two, (c) three, sources. ....
3. In an open bite, are the posterior teeth more likely to be in (a) supra-occlusion, (b) infra-occlusion, (c) the same relation as in a normal bite? ....
4. When using an alginate impression material, is it best to (a) store the impression in air before pouring, (b) store the impression in water before pouring, (c) pour the cast immediately? ....
5. Is the normal surface of the enamel capable of taking up material from saliva or from fluids which bathe it? ....
6. The U. S. P. average dose of phenobarbital is (a) 3 grains, (b) 1½ grains, (c) ½ grain. ....
7. Is the incidence of caries among rachitic children higher than the incidence among nonrachitic children? ....
8. The ideal cutting stone wears down to the ratio of (a) one to four, (b) one to nine, (c) one to twenty-five, with respect to the amount of enamel removed. ....
9. Can the prophylactic use of penicillin be recommended following tooth extractions in cases of rheumatic fever and congenital heart disease? ....
10. Osteomyelitis occurs in the mandible in adults (a) less frequently than, (b) the same as, (c) more frequently than, in the maxilla. ....

**FOR CORRECT ANSWERS SEE PAGE 1917**





## **No Short Cuts to Dental Training**

**By JEROME S. GROSBY, D.D.S.**

OUT OF THE past of the days of the charlatan, out of the barber chair, out of the goldsmith's shop, has arisen the profession of dentistry; a profession that today holds its place with dignity and distinction. Through years of effort by the men of vision to whom we owe so much, our profession has become an honor and distinction to those bearing its degree. But dentists are many and varied and not all remember the lessons of the past. Some, in hasty and half-formed judgments, despite the conscientiousness of their motives, unwittingly would have us revert to the abyss from which we have been lifted.

In the June, 1947, issue of ORAL HYGIENE there appeared an article

## Will the profession revert to a mechanical status if it permits nondentists to perform children's dentistry?

by Doctor George Schneider, WHY SHOULD IT TAKE SIX YEARS TO MAKE A DENTIST?<sup>1</sup> The keynote of the article was in the statement, "The difference between treating a common cold and a carious tooth is: one is medicinal and the other is mechanical."

In order to discuss Doctor Schneider's article intelligently we must determine the truth or falsity of this statement. Doctor Schneider poses the hypothetic situation of a positive cure for the common cold. He then asks, "Would you say that before anyone should be allowed to administer that agent, he should be a graduate of a medical college? You would say, 'No, how absurd!'" What the author does not say is that despite the specificity of the hypothetic cure (he assumes the administration to be simple, positive, and safe) there still exists the question of diagnosis. We know that early symptoms of measles, tonsillitis, scarlet fever, poliomyelitis, and other serious disorders, simulate the "common cold." Should the layman, not a graduate of a medical college, diagnose and specifically treat his or his child's "cold"?

### Concept of Dentistry

That the treatment of the common cold is "medicinal" we shall not question. But to say that the

treatment of a carious tooth is "mechanical" revives an archaic concept of dentistry. It seems strange that one physiologic structure can be held as a complete and separate part, having no relationship to the whole. Can we deny the existence of vital tissues in the pulp chamber and dentine of teeth? Can we claim that pain felt in any part of the body is physiologic, but when associated with the teeth it becomes a "mechanical" symptom? Shall we believe that the ill effects of occlusal disharmony or trauma have no effect upon periodontal membrane or underlying bone structure?

### Children's Dentistry

Doctor Schneider implies that adult dentistry is complicated and requires a professional knowledge totally unnecessary for the "uncomplicated" and "mechanical" children's dentistry. He apparently believes that from the dental point of view the child is a mechanical unit and becomes physiologic only as he approaches maturity. From my experience, I find that the only fundamental difference between children's dentistry and adult dentistry lies in the field of bridge-work and prosthesis. I believe that there is no essential difference, either biologic or mechanical, in a class III alloy restoration prepared for a patient aged 7 or 37. Yet Doctor Schneider contends

<sup>1</sup>Schneider, George: Why Should It Take Six Years To Make A Dentist? ORAL HYGIENE 37:1010 (June) 1947.

that a trained mechanic can restore the tooth for a 7-year-old but a professionally trained dentist should restore the tooth for a 37-year-old. The complexities of adult dentistry, in contrast to the relative simplicity of children's dentistry, lie in the field of prosthesis, and it is obvious that the prosthetic field is far more mechanical than is the field of operative dentistry. On this basis we may say that Doctor Schneider's article is in error.

### Dental Caries

Among the statements that Doctor Schneider presents, defying their professional repudiation, are the following: "Dental caries among the children of the United States through high school age is uniform and universal, and should be controlled in a uniform and universal manner."

With this statement Doctor Schneider sweeps away Nature's universal law of infinite variation. He may as well say that because fingerprints can be classified they are uniform and universal.

He continues, "A woman knows more child psychology than a man; a child experiences less fear of a woman than he does of a man." Here again Doctor Schneider's error is the fallacy of a generality. It is not a question of sex but rather of individual abilities in the field of child psychology.

He also says, "American dentistry cannot say that it has succeeded until it saves, undevitalized

and uncrowned, the teeth of America's youth."

By the same reasoning American medicine cannot say that it has succeeded until it saves American youth from morbidity and mortality resulting from cancer, tuberculosis, heart disease, and a host of other ills. Success in any field is relative, and perfection is still only an ideal.

Later Doctor Schneider says, "The first dental operation that any normal child of preschool age needs is a simple one . . ." Not all first things are simple, merely because of their chronologic priority. A micromandibular deformity in a child of 3 is no simple problem. He then adds, "If the State can demand a physical examination before a marriage license is granted, it can demand dental service for a child . . ." A physical examination before marriage is for the purpose of *prevention* of social disease rather than treatment or cure. Its purpose is to protect progeny, not to treat the person.

We have no doubt that Doctor Schneider's intentions are of the best. This desire to bring dental health to our children is commendable. It is regrettable that his methods are inconsistent with his nobility of purpose.

He has erected a structure of apparent efficiency. But no matter how beautiful the superstructure of a building may be, no matter how fascinating its architecture and inspirational its form, if the foundation is not solid it cannot

serve its purpose. Unfortunately, the superstructure of Doctor Schneider's article is based upon the false premise that the teeth of children differ from those of adults and are mere mechanical gadgets, their care needing little professional training.

Let us continue the upward march of our profession. Let us strive, by scientific research, to enrich further our knowledge in

order that we may be even better equipped to relieve the sufferings of human beings. It is through continual elevation of our professional standards, rather than reversion to a mechanical status, that dentistry can maintain its rightful place in the world of science.

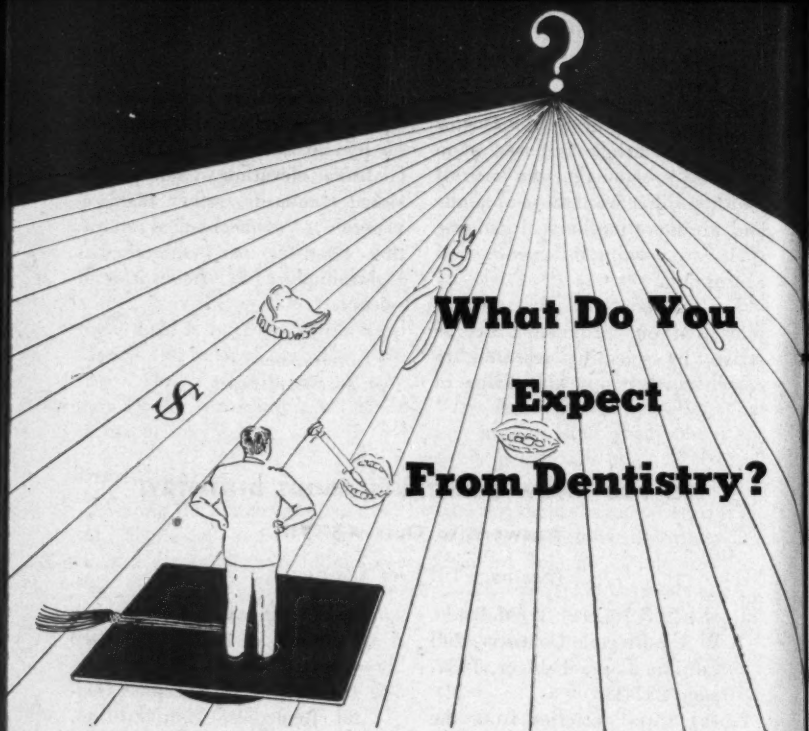
634 North Grand  
St. Louis 3, Missouri

## SO YOU KNOW SOMETHING ABOUT DENTISTRY!

### Answers to Quiz XXXVIII

(See page 1913 for questions)

1. (b) 2, (c) 4, (e) 8. (McBride, W. C.: *Juvenile Dentistry*, 2nd Edition, Lea & Febiger, 1937, page 237-238)
2. (c) three: arteries from the apical portion of the alveolus, vessels from the lateral wall of the alveolus, and vessels from gingival tissues. (Strang, R. H. W.: *A Textbook of Orthodontia*, 2nd Edition, Lea & Febiger, 1943, pages 173-174)
3. (b) infra-occlusion. (Shohet, Harmon: *Mouth Rehabilitating and Bite Raising*, J.A.D.A. 33:965 [August] 1946)
4. (c) pour the cast immediately. (Skinner, E. W., and Pomes, C. E.: *Dimensional Stability of Alginate Impression Materials*, J.A.D.A. 33:1260 [October] 1946)
5. Yes. (Leicester, H. M.: *Chemical Changes in the Teeth after Eruption*, J.A.D.A. 33:1010 [August] 1946)
6. (c)  $\frac{1}{2}$  grain. (Accepted Dental Remedies, 12th Edition, American Dental Association, 1946, page 29)
7. No. (Accepted Dental Remedies, 12th Edition, American Dental Association, 1946, page 186)
8. (a) one to four. (Tylman, S. D.: *Crown and Bridge Prosthesis*, Mosby, 1940, page 203)
9. Yes. (Keefer, C. S.; Herwick, R. P.; Van Winkle, W., Jr.; and Putman, L. E.: *New Dosage Forms of Penicillin*, J.A.M.A. 128:1161 [August 18] 1945)
10. (c) more frequently than. (Thoma, K. H.: *Oral Pathology*, Mosby, 1941, page 821)



**The practice of dentistry will reward you according to your expectations.**

**By J. CAMPBELL THOMPSON,  
D.D.S.**

Do you desire prominence, notoriety, influence? Do you desire retirement from the crowds, a useful but unglamorous life, with many satisfactions and no more disappointment than is the lot of the average man? These are available within the dental profession. It is not likely you will achieve all by the same technique.

Fame will require much of your time, energy, and careful planning. Fame comes high. Mediocrity also collects its toll. Each calls for thought, but who arrives anywhere without a thoughtful plan? "Plan your work, then work your plan" is a quotation that may be placed alongside that other, "He who is fit is it."

In your planning do not forget the importance of conserving your energy, because you will require all that is available. That implies developing and maintaining good health.



A factor contributing greatly to your success will be the services of a reliable secretary. Why is it that some practitioners always have reliable secretaries, while others forever complain of their indifference, and lack of punctuality and mechanical ability?

A poor selection will be apparent in a matter of days. Make a better choice. Prepare an "Office Manual." If you have no plan, no co-ordinated system in your office, then, by all means, develop one. Incorporate every detail you consider important, then put your ideas on paper in a brief, readable form.

Purchase a notebook, label it "Office Manual," and place it in the hands of your well-chosen secretary. Do not disturb her for several hours while she absorbs and relates your desires to her new surroundings.

If you have presented every phase of management and deportment for your office, then devote your time and energy to your own problems and watch your secretary take up her duties and contribute her efforts to carrying on a successful practice. "Speed, Efficiency, and Painlessness" should be your slogan.

A degree from a recognized dental school now means more than it did years ago. Association with the medical degree is so complete as to improve greatly the standing of dentists in any community.

One great need for improvement concerns the status of the general

practitioner of dentistry. He is indispensable, yet the specialist easily collects larger fees. Something must be done eventually to correct this inequity.

There is every justification for improvement because the modern general practitioner renders more high grade, painless, efficient dentistry, using more energy, more skill, more costly materials, at an income little higher than in the past. In fact, in most cases, the patient is receiving more and better service at less cost per unit than was paid forty years ago.

There is great need for sensible publicity. This does not call for large, commercialized displays. They have no place in a profession.

A better approach is the educational. Well-chosen material on the many subjects of interest to the public should be presented. It should not be pedantic, but should be carried on persistently.

How about collecting fees? This may be no problem in some practices or in some communities. In others it is necessary and possible to institute a "Pay-As-You-Go" policy. Even there collections may be less than 100 per cent.

Prominent New York lawyers expect a 2½ per cent total loss in their business arrangements. It is doubtful if such an average is necessary in a dental practice. Some loss is inevitable. A large percentage is controllable.

In some practices fees are seldom discussed, while in most there is a complete understanding



of probable total cost and manner of payment.

What should you expect from dentistry? Hard work and plenty of it, testing all of your skill, ability, and stamina.

In return you receive a fair livelihood, meet interesting personalities and situations, and have the satisfaction of rendering much needed assistance to humanity.

This may result not only from being a good and successful dentist, but from being a good and successful human being.

Dentistry offers a challenging future for the industrious and the alert. It will prove disappointing to any others.

39 Bay State Road  
Boston, Massachusetts

### WHEN YOU WRITE A REPORT

IT IS NOT too much to expect that reports written by graduates of a university should be in good language and show a knowledge of the principles of grammatical construction. Correct use of the various parts of speech is one of the surest means to clear, concise, and emphatic expression. Common violations of these rules result in a welter of dangling modifiers, long strings of adjectival nouns, preposition-verbs, faulty correlations, and other barbarisms which effectively mar the forcefulness of many reports.

In any publication of serious intent, the use of the jargon of special trades and industries is to be deplored. Most of these so-called technical terms are merely illiterate localisms, coined by uneducated workers because they lacked the vocabulary for better expression. One may go to the worker for information on what he does, but educated writers of reports need not use his terms for operations, especially in reports that are to be read by other educated persons, many of whom may not be familiar with the field under consideration. There is no idiom in "jargonese" that cannot be expressed better in good technical English.—FLORENCE E. WALL, *Journal of Chemical Education*.

### WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



## *Technique of the Month*

Conducted by W. EARLE CRAIG, D.D.S.

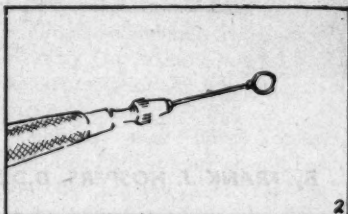
Drawings by Dorothy Sterling

### **Applying Silver Nitrate Crystals to Soft Tissue**

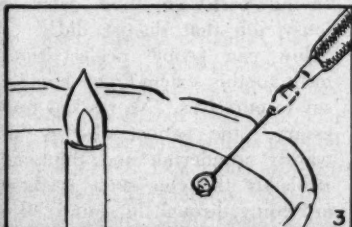
By E. A. SAEGER, D.D.S.



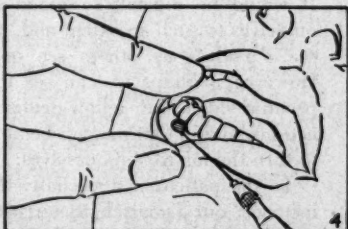
Place a single crystal of silver nitrate on the tray.



Make a wire loop and fasten it in a broach holder.



Heat the loop in a Bunsen flame and touch the silver nitrate crystal with the hot loop.



The silver nitrate melts within the loop and can be carried easily to the tissue.



## Looking-Glass Dentistry

**By FRANK J. HOSPERS, D.D.S.**

FREQUENTLY, as dentists, we characterize the personal peculiarities of some of our individual patients. We do not stop to think that perhaps, to our patients, we ourselves may be exhibiting eccentricities. It would be difficult to diagnose ourselves to such an extent and "to see ourselves as others see us." However, perhaps we can see the peculiar side of our fellow dentists' actions, and in that manner be able to turn the mirror on ourselves.

To the patient in the chair, for instance, our facial characteristics must be magnified several times. Each wrinkle; the color of our eyes; the lap-dog appearance of

our ears; those few bristles we missed in our morning shave; our teeth (yes, especially our teeth); assume a size and an appearance no one of us expected they might ever approach.

As we look into the patient's mouth and comment to ourselves, saying perhaps: "Boy, what a lousy job that dentist did!" or "How can people neglect their teeth to this extent?" or happily say to ourselves, "No work is necessary," the patient also is inwardly wondering and thinking. Probably thoughts such as these are going through his mind: "He seems to be a pretty nice fellow, but why doesn't he trim those eyebrows?" "I wonder if he is rough."

**If you could see yourself through your patients' eyes, would you be as satisfied as you expect them to be?**

"I'll bet his wife gets sore at him for not shaving closer." "How can he do a good job on my teeth when his own teeth are all black and stained and full of poor 'fillings'?" In fact, we are absolutely "on the spot."

Most of us have at some time or other been on the receiving end of a dental operation. As the philosopher said: "The fertilizer of opportunity grows both weeds and flowers." It is well to eliminate the weeds when cultivating the flowers. In our service to the public we might be better equipped if we were better able to appreciate the patient's point of view and put ourselves in the dental chair mentally.

### **Dentists as Patients**

As a patient, I personally am scarcely a model. Each seemingly unnecessary move the dentist makes irks me. I wonder why he does not do this and he does not do that. It takes an effort of will to force myself to be quiet and say nothing. Sarcastic comments run rampant through my mind. But all of the time I try to force myself to realize that his method of approach is different from mine, and probably the result will be as good if not better. I mentally criticize his hands, his clothing, the style and condition of his dental gown, the type of instrument he happens to select for a certain procedure. I wonder why he does not use a

smaller bur, why he does not use a stone or a chisel.

You see, I am painting the picture of the operation as it appears to me rather than as it would appear were I on the active side of the picture. To me as a dentist these impressions are grossly exaggerated; consequently, how can they be otherwise than grossly exaggerated to one who knows nothing about dentistry? Consequently, for us as dentists to handle such a situation sanely and in a humane manner, it becomes necessary to regain continually our appreciation of the patient's point of view.

Dentistry shall have accomplished its highest goal when it has done the greatest good for the greatest number of people. This does not mean that dental services, as such, are always perfect. That of course is impossible. Because, it is impossible to perform good treatment for a great many people, and for them we can do "only the best we can." Therefore, as dentists, it is our duty and obligation to conduct ourselves, at the chair, in such a manner that by careful and solicitous procedure we may inspire the patient to have as much treatment performed as possible.

### **"Business" Dentistry**

Dentistry is on trial these days. Instead of becoming a more honorable profession, it is becoming

gradually "just a business." A dentist is a highly educated and should be an ethical person. For him the patient's welfare should be uppermost. Unfortunately, the "me first" attitude is assuming larger and larger proportions as it is also in the other professions and the trades. Highly technical and fanciful restorations are attempted (with consequent excessive fees) by unskilled operators, and the result, for the patient, is often nothing but a waste of time and money. Laziness, neglect, and procrastination on the part of the operator, if ameliorated to only a slight degree, would perhaps correct more dental ills than all of the high-priced restorations combined.

However, there is no definite gauge whereby we can determine the quality of dental service. A busy office certainly does not indicate it. Excessive fees mean nothing. The satisfied patient does not determine it. Perhaps good dental service is determined only by the dentist's conscience. In other words, he has done his best. And that again brings us back to "looking-glass dentistry." Would you want the same kind of service in your own mouth?

A few years ago a patient presented who was proud of eight beautiful jacket crowns. Her \$800 dental bill apparently greatly enhanced the value of the crowns. However, roentgenograms revealed that five of the \$100 jackets were on teeth, the pulps of which were nonvital and showed exten-

sive apical translucency. This presumably was caused by the overheating of the pulp in preparation, or perhaps by lack of postoperative care. In other words, five beautiful houses on five sand foundations. Ethical dentistry? Was the dentist doing his best for the patient or was he thinking of his own pocketbook? Looking-glass dentistry?

The advertising dentists especially are guilty of lack of consideration for the patient. With them it is extract and extract. Not because it is of benefit to the patient, but rather because a denture can then be made, necessitating a higher fee and also requiring less effort, time, and care. Much of this present wave of ruthless extractions is caused by this situation. Composed of many gullible persons, the public itself is largely responsible for it. The public is impressed by beautifully equipped offices and the fanfare and falderal of high-powered salesmanship and fails to distinguish between the gold and the tinsel. Consequently, the blatant extrovert sells himself rather than his dentistry for an excessive fee, and the patient being sold receives merely a bauble. If the public could learn to distinguish between good dentistry and business dentistry, the standards of dental services would rise rapidly. As the situation stands at the present, the best and most conscientious operator may be he who from a financial point of view is the least successful.



The expense in time and money of a dental education makes it imperative that the dentist's income be commensurate. Add to this the cost of equipping and maintaining an office and it is not surprising that ethics so frequently are forgotten.

There is no argument against

substantial fees. But why give the profession a poor reputation by charging an excessive fee for a worthless appliance? Practice looking-glass dentistry and perhaps eventually you will be proud of the profession to which you belong.

*Olympia Fields, Illinois*

### GENERAL BRADLEY FACES PROBLEM OF DENTAL AID FOR VETERANS

AMONG THE problems that General Omar N. Bradley, Administrator of Veterans' Affairs, must consider is that of dental treatment for World War II veterans. The dental program, admittedly chaotic, calls for action because of increasing pressure from veterans and members of the Congress to whom they have complained.

At the outset of the program, arrangements were made with state dental societies to have their members provide treatment on a fee-for-service, out-patient basis. The Veterans Administration invited veterans with Service-connected dental disabilities to apply for examination and corrective treatment. Veterans were told that need for dental care arising any time within one year after discharge from Service might be presumed to be Service connected. Adjudication boards were to determine Service connection on the basis of examination reports supplied by dentists.

Overselling of the program resulted when Service organizations and publications informed veterans that any person who served was entitled to free dental treatment if he applied within one year of discharge. Mention of the Service-connection requirement was omitted.

This has created a problem that regional and branch officers and Doctor Paul R. Hawley, Veterans Administration Medical Director, have been unable to solve. The responsibility of determining whether veterans will be able to receive any dental treatment thus has been placed upon General Bradley.—*Chicago (Illinois) Tribune*.





## OLD FOLKS ADRIFT

**This article is being published as part of our series on the subject of retirement homes for dentists.**

You too will grow old. And you may become senile.

The first of these facts is unpleasant to most of us, and the second is shocking. But facing them in time is less distressing for each person than what can happen in an unprepared old age. For the community, the state, and the nation, forethought is essential to save vast misery.

Old-age problems will affect more and more of us in the future. Census Bureau figures make it clear that America's average age is rapidly rising. The death rate is going down. The birth rate, except for a war-boom, has been dropping for a long time. By 1980, about 20 million of an expected population of 164 million will be 65 years of age or over.

Yet not nearly enough is being done to care for the aged who cannot keep homes of their own. Private care is usually expensive and not always good. Public programs for the most part are haphazard and pitifully insufficient.

### Homes for the Aged

More and better institutions, both public and private, would help, although that would be only a partial solution. Certainly mere

\*Reprinted with permission from the June, 1947, issue of *Kiplinger Magazine*.

increase in total facilities, without improvement, would only make more old people a little less miserable. Many old people will do almost anything to avoid going to an institution. Here are a few good reasons:

In many public homes for the aged today the mentally ill share quarters with normal old people. Most public homes are crowded and provide few or no outlets for mental and physical energy. Some are in condemned buildings, without fire-proofing or even a fire alarm system. Many lack adequate medical services, serve badly cooked food, and maintain unsanitary toilet facilities. Occasionally, old people are needlessly committed to mental hospitals because of the lack of other institutions.

Many public homes for the aged maintain only dormitory wards. Happy old couples have been tragically separated simply because no provision was made for housing married people. Budgets are often miserly. In one instance, county commissioners turned down a request for dentures from fifty-eight residents of the county home, and provided a secondhand meat slicer instead.

Not all our communities have bad records in this respect. Some do provide decent surroundings and adequate care for the indigent aged. But too many offer homes which have been officially termed "indescribably filthy and unsanitary," "abominable," "a hellhole," and whose inmates are said (again

by government officials) to be treated "worse than criminals."

### **Private Institutions**

There are also privately operated old people's homes. Some are better than the public institutions; some are even worse. Cost frequently keeps out all but the well-to-do. Some private homes are limited to members of religious groups, and these are often among the best. Many require that applicants be in perfect health. Few offer a program beyond custodial care.

Admission fees for private institutions start at nothing for some charity cases, but go as high as \$2000 or more for others. Most of them require that an applicant bequeath his entire wealth to the institution in return for a life membership. The home then provides everything else including pocket money and burial costs.

### **Foster Homes**

Specialists in the care of the aged say that, although public institutions for the elderly will always be needed, better ways of caring for many old people are already available. They recommend foster homes and boarding houses, which can be operated at relatively low cost and make useful community projects.

Foster homes are particularly good for old people who need little care but find solitary housekeeping burdensome. Arrangements of this type have been tested successfully

in Cleveland and elsewhere. Average terms in most cities are about \$45 per month.

In a foster home old people have both companionship and freedom to follow their own interests. This arrangement works, however, only when the family is congenial, tolerant, and really willing to welcome the newcomer into the home group. Given these conditions, even old people with mild mental problems can be safely cared for in foster homes.

In a boarding home, many old people are located under one roof. Each has a separate room, but there are group recreations. Usually the boarders manage the house on a democratic basis, but an active supervisor is desirable. Non-profit boarding houses are usually within the means of those who get only small old-age benefits.

Good state administrations license and supervise foster and boarding homes, and see that adequate medical services are supplied. More of such accommodations will certainly be necessary as our aged population increases.

Public housing units for the aged have been built in many European cities, but we have shown no disposition to follow. Such units should have a place in any comprehensive U. S. housing program.

Semipublic organizations like the Community Service Society of New York provide living quarters costing from \$20 per month for a single furnished room to \$35 for

doubles. Light, gas, heat, refrigerator, and laundry are included. There is a roof garden, a cafeteria, and a common meeting room. A group of modern cottages at Roosevelt Park, New Jersey, each with its own garden, is a model development for the aged. It charges only \$6 per month for a single person, \$8 for a couple. But these enterprises are relatively rare in America.

If facilities for reasonably healthy old people are not sufficient, we are even less prepared to take care of those whose age is attended by physical ailments or senile psychosis.

Mental senility is particularly distressing because in most cases only custodial care is possible. This does not prevent deterioration, and the accompanying idleness sometimes even accelerates it. Psychiatrists say that old people with mental disorders should be kept out of hospitals, especially overcrowded public ones. Private mental hospitals are usually reluctant to take cases which offer small prospect of a cure, and costs are from \$100 up per week.

For those with physical or mild mental disorders, the best solution—by no means ideal—is likely to be a private nursing home. Such homes usually charge between \$40 and \$60 per week. Those offering recreation in addition to supervision and nursing charge more. Doctors' services are usually extra.

Good private nursing homes provide pleasant surroundings and

social devices to combat old age's greatest malady—boredom. As our old people increase they will need public nursing homes with such facilities for recreation.

### Planned Recreation

Even this task of providing recreation and social life for the aged has been neglected. But recently many of our bigger cities have tried community clubs and social centers with some success.

An experienced director, a pleasant meeting place, and varied activities are needed to make such enterprises popular. Lectures, parties, and meetings can transform monotonous days into exciting ones. Any visitor can see that at the Hodson Community Center in New York, the Second Mile Club in Toronto, the Golden Age Club in Philadelphia, the Bertha Hirsch Club in Chicago, and others.

These centers cannot solve all the problems of idleness in old age. Some old people are happy working at hobbies which the centers promote—wood carving, painting, weaving, and others. But many resent being made to “keep busy” just as an alternative to idleness. It is hard not to sympathize with the robust old man who exclaimed: “I don’t want work therapy; I want work.”

The Old Age Counselling Center in San Francisco has tried to meet this difficulty by finding useful work for its elderly clients. The Center has had surprising success, even profitably running a farm worked exclusively by old men, some of whom never before had been on a farm.

Doctor Lillien Martin, the amazing woman who founded the San Francisco Center at 78 and ran it until she died at 92, once trained another old lady to weave baskets and made her self-supporting for the first time in her life—at 95!

Good individual plans to help the aged, such as Doctor Martin’s, have made heartening gains here and there. But they are widely separated, rarely related, and almost never total programs. Probably only the community can plan and coordinate all necessary measures.

Although we have much to do, both as a society and individually, to improve our care of the old, the basic change must be in our thinking. The Chinese look forward with pleasure to old age as a time of influence and privilege; we think of it as an inevitable calamity.

It is not necessarily a calamity, as intelligently planned programs for the aged have proved by results. But it is a problem, and everybody has to face it.

# The General Dentist—



## A Country Cousin

By JOHN W. COOKE, D.M.D.

AN ANCIENT, foolish dictionary once defined an athlete as follows: "A dignified bunch of muscles, unable to split wood or take out ashes."

A dictionary definition, foolish or otherwise, of a dentist might be unenlightening. Because, you see, there are *dentists* and dentists. This statement deserves some explanation.

Assume that "D.D.S." or "D.M.D." signifies *dentist*. This is not difficult. It *may* be somewhat difficult to know what *degree* of *competence* dental schools expect of their new graduates, except to

beg the question of admitting that the states still exercise a somewhat superficial influence over prospective registrants. Here, as perhaps in other fields, there can be a duplication of effort. Our new graduate is nearly *compelled* to graduate twice.

Once in a clinical practice, the young dentist faces a difficult decision. Unless he has money or marries a wealthy wife, he must earn a living himself; as good a living as possible, as quickly as possible. Inescapable among several related problems is the fact that the young dentist will acquire an earning power through operating on people and making them



## **This practitioner evaluates the present and future status of general dentistry.**

like it, or he may shift to selling dental supplies, investment stocks, or insurance.

### **Dental Specialists**

As dentists know, there are specialists in dentistry. These include oral surgeons, exodontists (there is a difference), orthodontists, with a small number of periodontists and experts in several fields of dental prosthesis. There may be other specialties in dentistry, such as teaching, research, and public health. (Hardly, however, clinical in character, nor of a nature in these inflationary days to offer too tempting a bait financially.) Veterans Administration dental service merits separate attention if only as a dress rehearsal for events to come.

Young people in dentistry are likely to be attracted by certain special rituals; for example, the ritual of surgery, or the rite of worship at the shrine of the orthodontist. This is sometimes caused by the personalities of the teachers in surgery or orthodontics combined, possibly, with the creation of an atmosphere of mystery about these so-called special fields.

The *general dentist* does exist. He will continue to exist, even lacking the special attention usually directed toward the specialist. He is, in fact, almost the successor to the general practitioner in medicine, whom medicine has studious-

ly sterilized as to useful locations, training, and reasons for living.

Possibly, it is timely to ask what the *general dentist* may be expected to know and do. Let us omit any description of specific skills, since skills change along with the need for them.

### **General Dentist**

However, the young general dentist should be able to care for human teeth; the objective being to keep teeth and soft tissues healthy. He should know enough about growth and development to recommend or perform sensible orthodontics. He should be educated not to remove teeth, but to save them. But he should know enough about mutilated teeth to remove them well, should the need arise, with or without the aid of a specialist. His competence in preparing dentures should develop, and his knowledge of bench procedures should be adequate to allow his own presence in a laboratory, both for supervision and personal construction. Essential collateral skills in anesthesia and dental medicine must come with time and practice. So must a knowledge and affection for human beings as people, regardless of technical or scientific excellence.

Such a concept of a general dentist is not too large an order. It is more, possibly, than educators may expect, and more than



most general dentists are likely to demand of themselves. It is, however, an objective that may be adapted to town or city, and one that can free dentistry from the, at present, increasing stigma of knowing "more and more about less and less."

The specialist is an essential adjunct to health service. Not, however, *the* essential health service commodity. This ought to be apparent to dentists and seldom is. It is again timely, perhaps, to explain why. In dentistry, lacking really reliable means of accreditation, the specialist *must* make of himself a dramatic figure. His living depends on it. His relationship with the profession, without whose support he would not survive as a specialist, requires a meticulous attention to human relations, if only in the interests of the reference of respective cases. Surgeon, orthodontist, periodontist, and all specialist ilk, self-esteem to the contrary, depend upon the good will of general dentists.

Where dental medicine and clinical dentistry enter health services in hospitals is not at present clear. What developments are to be expected in services accessory to clinical dentistry anywhere are

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### ORAL HYGIENE AWARD

*This article by JOHN W. COOKE, D.M.D., has won the \$100 ORAL HYGIENE award for the best feature published this month.*

★ ★ ★ ★ ★ ★ ★ ★

equally obscure. That there is an overemphasis on special services in dentistry appears probable. There is no specific answer any more than there are any lasting cures for social and economic ills. However, it is not impossible that raising the level of general dentistry can create a generation of truly distinguished practitioners.

The level of oral surgery and orthodontics is high. The aims of periodontics are equally high. It, probably more than the other two fields, suffers in execution from misconceptions of etiology. General dentistry is suffering from an attack of underemphasis and overcrowding. Its future as a useful (not commercial) field may well depend on careful and well-timed studies as to its prospective status and upon the emphasis offered to it by dental education.

60 Charlesgate West  
Boston 15, Massachusetts



## Private Orthodontic Institution Opened in Buenos Aires

THREE PROGRESSIVE dentists of Argentina, Raúl Otaño Antier, Edmundo G. Locci, and Héctor F. Viale, specialists in orthodontics, have organized the Private Institute of Orthodontics in Buenos Aires. This professional institution is one of the first of a private character to be opened in South America exclusively for orthodontic treatments. Its field of service will be limited to patients who are unable to take advantage of the public services now existing, and do not have sufficient resources to go to private dental offices

for such orthodontic treatment.

Each one of the dentists who is collaborating in this new organization will continue to serve patients in his private office, concentrating on orthodontic treatments, in order to take care of those patients who are able to pay for such service.

The consultation room shown here is the largest of three in the Institute of Orthodontics, having been planned to give ample space for visiting orthodontists who wish

*(Continued on page 1935)*



## Dear Oral Hygiene

### Compulsory Retirement Plan

The idea of a retirement home for dentists is wonderful but wholly impracticable. A recently printed article stated that 75 per cent of the ex-Servicemen have dropped their insurance; and dentists are equally as bad in looking forward to the future.

The only way to provide for retirement is by compulsion, and that can be accomplished by adding a set amount to the annual dental dues. Do you think Social Security would work out if the decision to participate in it were left to the worker? It would not last, if left to the indifference of the average workman. So I repeat, voluntary contributions would never be sufficient to satisfy the demands of the older members of dental societies.

We as dentists will never have old-age pensions or retirement homes by voluntary subscriptions. Something constructive should be done, but it will have to be done through the state societies.

Provision for old age might be accomplished by adding \$1.00 per year to each member's dues, and by having each dentist pay in \$1.00 for every year that he has been a member. A man who has been a member of his state society for twenty-five years would pay \$25.00. That would be the initial payment. After that payments would be at the annual rate assumed by all members.

If this does not seem sufficient, then a method of paying similar to Social Security could be established.

We as dentists do not come under the jurisdiction of Social Security, so with

a membership of fifty thousand or more we could establish a social security of our own. Our costs might be higher, but with fifty thousand members contributing our rewards would certainly mount. Each state could look after its own members.—LESLIE H. WEBER, D.D.S., *Chapel at Grand River, Detroit.*

### Retirement Home Sites

The following suggestion was inspired by your editorial in May ORAL HYGIENE<sup>1</sup>:

The American Dental Association might select one or more locations in the United States suitable for retirement, buy some acreage, sub-divide, lay out and pave streets, install utilities, and offer free to any dentist who retires a building site of his choice. At the option of the committee in charge, special cases which merited more assistance could be given additional aid.

This plan would not cost the American Dental Association a great amount, and it would soon attract a splendid number of good fellows to establish a self-respecting, happy community.—C. M. McCauley, D.D.S., 410 South Beverly Drive, Beverly Hills, California.

### Dentist Operates Florida Hotel

Since you have published considerable material on retirement homes for dentists in ORAL HYGIENE it occurred to me that your readers might be interested in my experience.

When I was confronted with retire-

<sup>1</sup>Editorial: Observations on Retirement, ORAL HYGIENE 37:852 (May) 1947.

ment from dentistry, I felt a sense of elation at first. My wife and I thought that now, at last, we would be able to enjoy all the travel and diversion we had missed. But after a few months of idleness we began to feel restless and even traveling became tiresome. Surely, we should be doing something more useful than merely killing time! Why not become interested in some sort of business project? First, we decided we must seek a place with a mild climate. After several months of travel we found that southern Florida appealed to us more than any other section of the country, and so we concentrated on Miami Beach, where it is possible to be out-of-doors the year round.

In Miami Beach we found it rather difficult to get hotel accommodations. Suddenly an idea came to me. Why not buy a hotel? For several weeks we had an exhausting hunt, but finally we acquired a modern thirty-room hotel, The

Devon. We felt happy—we had a new interest in life.

From now on I plan to be a hotel man. The Devon is located in a beautiful spot overlooking Biscayne Bay and within walking distance of the ocean. Nearby shops are comparable to those of New York's Fifth Avenue. All vacation sports, including deep sea fishing, are available in an extremely healthful climate.

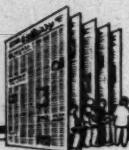
I know I shall enjoy managing the hotel, which I am taking over in November. The rooms will be well-furnished and comfortable; each having twin beds, tile bath and shower; and the rates will be moderate. Mrs. Tichy and I will do our utmost to create an atmosphere of genuine hospitality and friendliness. We shall anticipate the pleasure of being host to dentists and their friends.—FRANK TICHY, D.D.S., *The Devon, Indian Creek Drive at 68th, Miami Beach, Florida.*

### PRIVATE ORTHODONTIC INSTITUTION OPENED IN BUENOS AIRES

(Continued from page 1933)

to observe treatments being given to patients. The lavatory is included in the specially designed cabinet at the rear, at one end of which there is an electric soldering unit. The cabinet also has an x-ray viewing box which can be extended for

convenience while in use. The equipment used at the chair has been designed so that everything is within easy reach of the orthodontist. Light in this consultation room is diffused in a modern manner by a fluorescent reflector.



## Dentists in the News

*San Antonio (Texas) Express:* The Fourth Army Headquarters recently announced the appointment of Doctor James P. Hollers, a San Antonio dentist, as civilian aide to Secretary of War Kenneth C. Royall for the Fourth Army area. This area includes Texas, Oklahoma, New Mexico, Louisiana, and Arkansas.

Doctor Hollers is a former national President of the Reserve Officers' Association of the United States and is a Colonel in the Air Reserve. He is a veteran of both World Wars and has been active in civilian-military affairs for many years.

*Lincoln (Nebraska) State Journal:*

At the invitation of the national dental associations of the Scandinavian countries, Doctor Donald Keys, faculty member of the University of Nebraska College of Dentistry, will give a series of lectures to the members of the dental societies of Norway, Sweden, and Denmark. His lectures are designed to present recent developments in dentistry, as the profession in these countries suffered greatly during the war years. Five-day programs which will be illustrated by motion pictures and slides in color will be given at Oslo, Norway; Stockholm, Sweden; and Copenhagen, Denmark.

*Montreal (Canada) Herald:* Since Doctor Nicholas Gouroff, former Montreal dentist, received his new "flying dental clinic," lumbermen and trappers of Northern Quebec will no longer have

to go to the dentist; he will go to them. Doctor Gouroff will fly through this territory in his new plane and meet his patients at any lake shore.

*Allentown (Pennsylvania) Chronicle:* According to Doctor Harold M. Covert, Allentown dentist, Baby Raymond Donchess, born recently at Sacred Heart Hospital, is one baby in at least five million. He was born with ten upper teeth and two teeth in the lower jaw. Doctor Covert described the baby's mouth as being as developed as a 7-year-old's. He could not determine whether the teeth are supernumerary or deciduous.

*St. Paul (Minnesota) Pioneer Press:* Doctor L. W. Cohler, a St. Paul dentist, has a new certificate to practice dentistry hanging on his office wall even though he can't read most of it. It is a certificate to practice in Korea.

He received this certificate for his services while serving in Korea with the Navy. He was assigned to establish a Korean school of dentistry in Seoul after the Japanese were ordered out of the country. Koreans had previously been educated either in the United States or under Japanese teachers, and there are only a few adequately trained dentists in the country. It was a problem to find equipment and competent teachers. Only six drills were available in the entire school.

The Korean certificate to practice dentistry was sent to Doctor Cohler by Doctor Y. S. Lee, Director of the Bu-



November, 1947

## ORAL HYGIENE

1937

reau of Health and Public Welfare of Korea under the direction of the military governor.

*Allentown (Pennsylvania) Morning Call:* When a plane in which Doctor L. C. Ziegler, an Allentown dentist, was the sole passenger was forced down during a thunderstorm at night with both wings torn off and the propeller and fuselage ruined, this dentist was able to walk away virtually unhurt.

The plane, piloted by the dentist's son, was trapped by a sudden thunder-



storm. Lightning obscured the pilot's view, and the ceiling dropped rapidly. Twice the plane nearly crashed into a hillside. The pilot then attempted a landing in a field. As the plane neared the ground, he saw two trees right before him and he guided the plane's nose between them. The wings were sheared off. Doctor Ziegler's head was forced through a plexiglass pane in a topight, but he suffered only a slight cut on the scalp. His son was unhurt.

*Boston (Massachusetts) Post:* Doctor Nancy Holmes, 24-year-old Dallas, Texas, dentist, while attending the Twenty-Sixth Annual Meeting of the Association of American Women Dentists which was held in Boston during the annual meeting of the American Dental Association, urged more women to enter the dental profession. She stated that dentistry offers women an opportunity for independence and does not bar marriage. Because of the great need

for more dentists throughout the country, Doctor Holmes believes that this is a good time for women to enter the profession.

Also attending the convention was Doctor Anna Lisa Ericsson, of Malmö, Sweden, who is studying dental methods in this country. Doctor Rebecca Lusmanovith, who is married and the mother of two children, traveled from Palestine to attend the convention. Another woman dentist attending was Doctor Aune Ylppo from Helsinki, Finland, who stated that 69 per cent of the dentists in her country are women. During the war Doctor Ylppo and her women colleagues served with the Finnish army in the front lines and in the rear areas.

*Cleveland (Ohio) Press:* Gretchen, a German shepherd dog belonging to Doctor A. J. Spronz, Cleveland oral surgeon, is recovering from a four-hour operation during which an extra oral fixation splint was placed. Gretchen's jaw was broken when she was struck accidentally by a bat while playing with neighborhood children. Her wound was bound by a veterinarian, but Doctor Spronz noticed that the binding was so tight that it stopped circulation. When he loosened it, the dog pulled it off with her paws.

At this point Doctor Spronz called in Doctor Anthony Tomaro, another oral surgeon, and together they performed the operation under a general anesthetic. They bored four holes in the dog's jaw bone, two on each side of the fracture, and bolted the splint in place. The operation was made difficult because Gretchen's deciduous teeth are in, but her permanent teeth are formed. She is the daughter of a dog brought from Germany by one of Doctor Spronz' brothers who was in the Service.



**St. Paul (Minnesota) Dispatch:** University of Minnesota School of Dentistry. "I've been out of school a pretty long time and I guess it's about time I took a postgraduate course," Doctor Clements said.

This month's awards for items published in DENTISTS IN THE NEWS have been sent to:

V. B. MILAS, D.D.S., 2559 West 63rd Street, Chicago 29.  
H. S. JONES, D.D.S., 1121 Walnut Street, Allentown, Pennsylvania.  
JAY BURNETTE, Van Dyke-Argyle Apartments, St. Paul 3, Minnesota.  
ESTHER HUNSICKER, 606 North 10th Street, Allentown, Pennsylvania.  
E. L. CORMIER, 33 Kimball Extension, Sanford, Maine.  
H. G. LANDBERG, c/o Ancker Hospital P 1, St. Paul 2, Minnesota.  
MRS. DONALD A. KEYS, 4214 Starr Street, Lincoln 3, Nebraska.

### CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

### ORAL HYGIENE PRIZE AWARD

Contributors to the ORAL HYGIENE "best article of the month" competition have won more than \$5000 in awards for their practical, down-to-earth articles and human interest stories.

We want to know how the dental scene looks from your point of view. If you or one of your colleagues has found a more efficient way to conduct a dental practice or a better way to utilize leisure, tell us the story in 1500 words and send it along. Here are the rules:

1. Emphasize the dental angle in your article.
2. Write your story in simple, direct, specific language without literary flourishes.
3. Your manuscript must be limited to 1500 words, typed, double-spaced, and accompanied by return postage.

Mail your story today! If you do not win a prize but your manuscript is acceptable for publication we will pay you the regular word rate. Send your manuscript to: Edward J. Ryan, D.D.S., Editor, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

**ARE YOU THE "OTHER MAN"?**

YOU WILL find in the dental profession a kind of "other man," although, fortunately, they are not numerous. He will do anything unethical to undermine your practice. He immediately starts criticizing your service; is only too eager to listen to the complaints of the malcontents, whose patronage he welcomes, and whom he makes understand how extremely honored he is to have their support.

He immediately poses as the man who can rectify all their difficulties, the man who never makes a mistake, gives an exaggerated report of all his successes, and tells how he overcomes all conditions that are presented. He will even go so far as to say that, had he only been able to tackle the job in the first place, the patient would never have bled, nor have developed dry sockets. The dentures he would have supplied would have been an exact replica of what the patient had lost, while from an esthetic, masticatory, and general utility point of view, the whole job would have been a 100 per cent success.

He may go so far as to question the patient regarding the symptoms present at the time of the extractions, which made the previous surgeon decide on the removal of all teeth, and, what is more, would leave some doubt in the patient's mind whether the extractions were really necessary. Conservative treatment he condemns wholesale, every opportunity is made use of to shatter the confidence the patient had in his former dentist, and undercutting of fees is a specialty.

This "other man" is also a dangerous fellow to consult when a second opinion is required. In your presence, most likely, he would agree that the diagnosis was correct, and the subsequent treatment could not be improved. But when your back is turned he would tell the patient that, although he did not like to insult his colleague, the diagnosis was altogether wrong, the treatment worse, and that if the patient could make a change it would certainly be to his advantage. You can imagine what, in such circumstances, happens to a patient who is easily impressed and swayed. It is not a case of "au revoir" but "good-bye."

This type of "other man" has an ally—a shrewd and tactful ally. He starts visiting people—a quite innocent and harmless practice, when it is nothing but a social call. The creation of good feeling is apparently the motive. But watch the procedure carefully. The conversation may be turned to conservative and prosthetic dentistry. Our friend is a good listener and behaves quite ethically. But at the right moment this "other man" excels! He then indulges in nothing short of cheap and blatant advertisement. Are the listeners to be blamed if they feel that they are in the presence of a dental "he-man"?—*The Official Journal of the Dental Association of South Africa.*

# *Portraits and Profiles*

## OF AMERICAN DENTISTS

By HOWARD A. HARTMAN, D.D.S.



Above: Edward C. Mills, of Columbus, in relinquishing his position of many years as Secretary of the Ohio State Dental Society, explains the records to his successor, Earl Jones, also of Columbus.

The American Dental Association holds its Eighty-Eighth Annual Meeting in Boston in conjunction with the Tenth International Dental Congress.

Below: Members of the Executive Council of the Fédération Dentaire Internationale meeting during the Boston session are (left to right): A. E. Rowlett, Leicester, England; Henri Villain, Paris; F. Watry, Brussels; and C. F. Nord, Amsterdam.

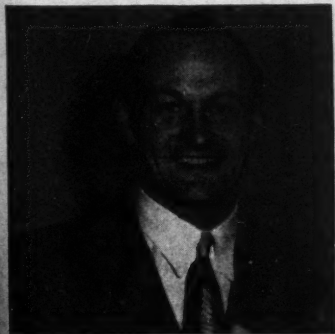




**Above:** The Florida delegation discusses dental affairs with Olin Kirkland, of Montgomery, Alabama. Left to right are: Doctor Kirkland; A. M. Smith, Past-President of the Florida State Society; Alvin Fillastre; C. J. Masters, Past-President of the Society; Edward T. Thompson, Editor of *The Journal of the Florida State Dental Society*.



**Above:** Clyde Tuttle, President of the Kansas State Board of Dental Examiners, confers with Joseph Champagne, Secretary of the Michigan State Board.



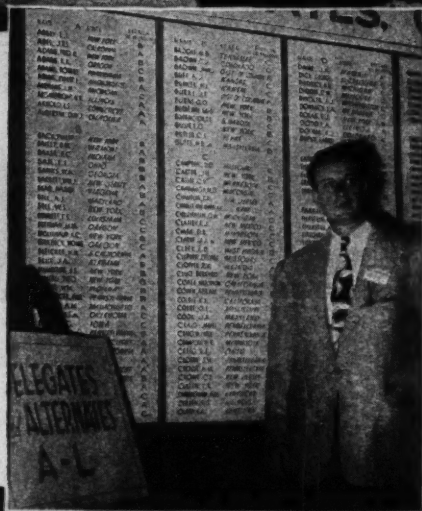
**William T. Osmanski, of Chicago, All-American football player from Holy Cross and long-time backfield star with the Chicago Bears.**



**Below:** P. J. Aufderheide, of Cleveland, and Leo Marre, of St. Louis.



Left to right: Herbert Mason, Indianapolis; Carl Boucher, Professor of Prosthetic Dentistry, Ohio State University College of Dentistry; and Chester Perry, Associate Professor of Prosthetic Dentistry, University of Detroit School of Dentistry.



Emil Bollwerk, of St. Louis, Secretary of the National Dental Veterans League.



Left to right: R. C. Dalgeish, of Salt Lake City, A.D.A. Trustee; Lon W. Morrey, Editor of The Journal of the American Dental Association; and J. B. Carr, of Indianapolis, A.D.A. Trustee.

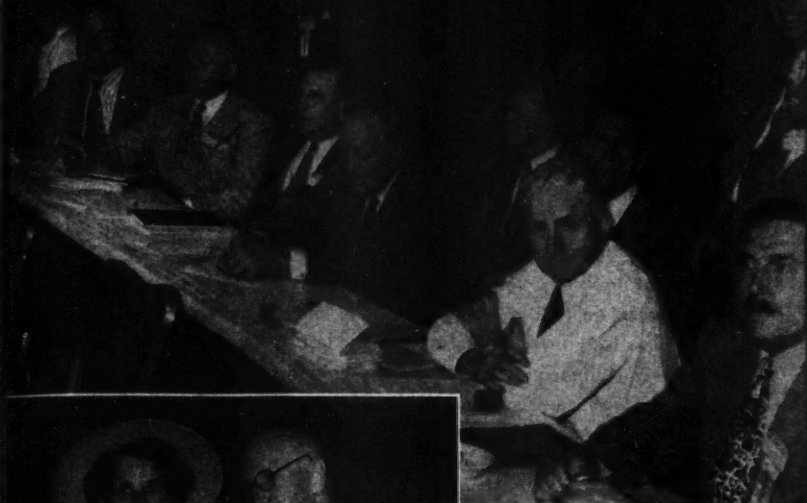


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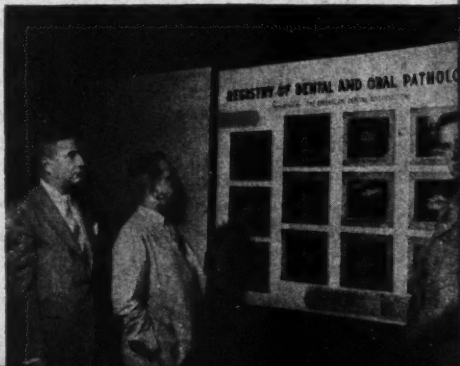
XUM



Above: The Ohio delegates at the Boston meeting are (left to right): William Sterling, Cleveland; Clyde Hebbel, Columbus; Carlos Schott, Cincinnati; Carl Boucher, Columbus; T. J. McDermott and J. V. Gentilly, Cleveland; A. C. Heibert, Akron; Ralph Creig and Walter Pryor, Cleveland; Earl Jones, Columbus; W. W. Hurst, Cleveland.

Above: A. E. Rowlett, President of the Fédération Dentaire Internationale, awards the Miller Prize posthumously to William H. G. Logan. The presentation was accepted by Doctor Logan's daughter, Mrs. Donald LaChance, of Kenilworth, Illinois.

Right: One of the popular exhibits at the meeting, that of the Army Institute of Pathology, is viewed by (left to right): Henry Swanson, Colonel James Ash (MC), and Lieutenant Colonel Joseph Bernier (DC).







## Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

### ECONOMIC STORM WARNINGS

DENTISTS MAY do well to look about them and begin to prepare themselves for less lush days in practice. For the last five or six years dentists have been inordinately busy. Collections have been good and bank accounts have been more substantial than in other times. A considerable part of this prosperity in dental practice came because people in the days of war scarcities had fewer places to spend their money. Dentists easily fell into the belief that slow days in practice were things of the past and that the good days with full appointment books would continue forever. With the rising costs of living, with the end of the government controls on installment buying and consumer credits on October 31, with more and more durable goods available on the market, there probably will be less money in the family budget for dental care. There is certainly no reason for panic thinking or acting, but the prudent dentist without unnecessary commitments or top-heavy credits and in a strong cash position is the one who will be in good shape to ride out any economic storm.

There are some economic storm warnings at the present time which dentists and other businessmen cannot ignore. Here are three significant examples:

One—The American Finance Conference warns that automobile repossessions are increasing in number: "It is generally true that collections are tighter and that repossessions are increasing. The condition and the number indicate that we are getting back in the direction of pre-war conditions. Until recently, installment payment delinquencies have been abnormally low."

Two—The Employers Group of Life Insurance Companies state: "The collections problem is really with us again in earnest but this time we

have had fair notice as to its approach and we should be geared to handle the situation. Regardless of the fact that there is an abundance of money circulating in our country, still we cannot ignore the statistics on collections and they do show a definite tightening up. From now on, it is obvious, you must put forth greater effort on collections and be eternally watchful of any change in the financial condition of your clients if you intend to keep abreast of the bad accounts situation."

Three—The Institute of Life Insurance warns: "Personal debt reached an estimated new high of 45 billion 25 million dollars June 30, 1947, an increase of more than 3 billions over the total of 41 billion 822 million dollars on December 31, 1946. Personal debt includes mortgages on urban homes and farms, consumer credit and loans on life insurance policies.

"Home buying has been the biggest single factor in the rise in the personal debt total . . . There are some disturbing implications in the current personal debt situation as far as individual family welfare is concerned. One is the rapidity of the rise. In the last 18 months total personal debt outstanding has gone up more than 11 billion dollars. Such an abrupt rise is unparalleled in the records of personal debt statistics.

"The prudent course for the average person is to buy wisely and to conserve his savings and other resources until a competitive economy is restored, instead of jumping on the spending-borrowing bandwagon."

The three organizations giving these warnings are substantial and sound institutions that have no wish to create an economic recession. On the contrary they are such solid business associations that they feel it is their responsibility to sound these warnings to the American people. Dentists do not conduct their affairs in an economic vacuum. In good times we prosper; in bad times we suffer. We cannot be apathetic or indifferent to the shifting and changing economic forces about us.

*Edward J. Ryan*



## Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

### One-Tooth Bridge

Q.—I should appreciate your help in solving my problem concerning a single-tooth removable bridge.

The first case I made for this patient was of base metal. The patient continually, after many adjustments, complained of pressure against the cuspid. Thinking the rigidity of a cast clasp was responsible, I had the cast clasp on the cuspid changed to a wrought gold clasp. But this did not help. However, the wrought clasp showed considerable movement upward when the patient would bite on a piece of cotton roll. With the thought that the saddle was not snug against the gingivae, I had an entirely new case made from a new impression. But this also causes pain to the cuspid when he bites on anything hard. The bite has been well relieved. When I ask him to bite on a cotton roll, it is possible to see the new cast clasp moving upward about 1 mm. and the pressure hurts.

I do not know how to make this case satisfactory, and any suggestions you make will be appreciated. A cast of this case is being sent to you under separate cover.—L. L., Pennsylvania.

A.—The difficulty with this bridge is that the cuspid was not ground before the impression was made, to provide a positive occlusal seat for the clasp.

I have ground your cast in two places to indicate what I mean. You would, of course, not need both of these occlusal rests on the same tooth. I sometimes place them in one location and some-

times the other, which is determined by the condition of the tooth, occlusion, or esthetics, but we always provide a definite inlocking occlusal rest. It is important, of course, to avoid penetrating the enamel in this preparation and to polish the seating area before making the impression.

You will note that I also have deepened the occlusal rest in your molar abutment and made it slightly inlocking in form. We endeavor to accomplish this objective in every tooth that we clasp with the exception of the rare case with extensive saddle area and limited teeth for support, where we conclude that the appliance should be entirely tissue borne.—V. CLYDE SMEDLEY.

### Growth on Tongue

Q.—I have a patient, a woman about forty, who has a small growth on her tongue about opposite the first bicuspid. She says she bites it occasionally, but it looks normal, is not swollen, and, so far as we can tell, it is not becoming any larger. She says it has been there all her life and does not bother her except when she bites it. It is about the size of one-half of a small pea and about  $1\frac{1}{2}$  mm. high.

This patient has been complaining for several months of a sore, burning sensation just back of this growth on her tongue, and thought the teeth on that side were rough and causing it. I

have smoothed and polished the teeth but she is still complaining.

I should like your opinion as to what causes the sore, burning sensation, and whether the tumorous growth has anything to do with it.—S. E. C., Wyoming.

**A.**—This pea-sized lump on the tongue may or may not have any connection with the burning sensation. Since the patient irritates it by biting it occasionally, it would no doubt be advisable to remove it and have a biopsy made.—V. CLYDE SMEDLEY.

### Lingual Nerve

**Q.**—Some months ago a patient, a woman a little past middle age, came into my office to tell me that a short time before she had had some teeth extracted and that her tongue was not anesthetized but paralyzed. She was much distressed and said she was told that the condition might last for from four to six months.

Last week I saw her out of the office and asked her how she was. She said her tongue was a little more sensitive, but that she had a drawing sensation even in her cheek and burning pains up to the top of her head. She had visited a physician and he had not been able to do anything for her. She said she was told not to have any more teeth extracted because it might create more poison. This person was a patient of mine some years ago, and I told her then to have her teeth removed. When she decided to do so, I was away on a vacation.

Despite her experience, I think she should have her teeth removed even if only one or two at a time.

Was the lingual nerve injured or affected with the needle or extraction, and what is the history of such cases? What is the prognosis? The patient is nervous and told me that she has lost twenty pounds in the last months.—W. A. R., Illinois.

**A.**—Curiously enough we have had a letter within the last month telling of much the same condition of the lingual nerve as obtains in

your case. These two cases are the only ones of which we know, so they must be rare. The only cause we could think of in the other case was the possibility of bending the point of the needle against the bone, when the injection was made, and catching it on the nerve when the needle was withdrawn.

The possibility of injuring this nerve during the operation of extracting any of the mandibular molars seems most remote. So I can see no reason why further necessary extractions should not be made. Nerve repair may be rather slow, but in our experience with injury to the inferior dental nerve, it is quite sure. You can, therefore, quite safely hold out encouragement to the woman that her condition will become normal.—GEORGE R. WARNER.

### Costen Syndrome

**Q.**—I have a patient, a woman 50, who complains of a burning sensation of the oral mucosa, especially on the sides and tip of the tongue and on the lips. She does not smoke and has no history of Vincent's infection. She gets up in the morning with no burning sensation, but as the day goes on the condition becomes acute. Her physician claims that it is from amalgam restorations and electric currents, but I doubt this. Her general health is good.

I shall appreciate any information you can give me on this condition.—R. A. K., Massachusetts.

**A.**—Without knowing about the number and position of your patient's teeth, and without seeing roentgenograms of the teeth and temporomandibular joints, I would say her symptoms point to the Costen Syndrome.<sup>1</sup> Having tested

<sup>1</sup>Costen, J. B.: Report on Neuralgias and Ear Symptoms Associated with Disturbed Function of the Temporomandibular Joint, J.A.M.A. 107:252-255 (July 25) 1936.

many mouths for electric currents without finding any appreciable current, I do not believe we have any damaging currents in the mouth because of the presence of metals of different electric potentials.—GEORGE R. WARNER.

### Xerostomia

Q.—A patient of mine, a woman about fifty years old, complains of extremely parched mouth and lips. Her lips and mouth have a dry appearance upon examination. The gingivae and tissues of the mouth seem normal in appearance and texture. She says that she has lost thirty pounds lately and that she had a physical examination which disclosed nothing.

I should appreciate your advice regarding this patient.—N. T. A., Minnesota.

A.—Your case is one of xerostomia, and such cases are difficult to handle. Prinz and Greenbaum<sup>2</sup> advise the use of pilocarpine hydrochloride, and they say that it can be taken indefinitely as it is not habit forming or harmful. Prinz and Greenbaum quote Curschmann as saying, "Xerostomia in relation to its origin may be divided into three groups: (1) Those cases arising through some psychogenic influence; (2) those due to senile, idiopathic or atrophic disturbances of the salivary glands; and (3) those having their origin within the medulla oblongata, that is, an organic neurosis."

Under "treatment" they advise the institution of suggestive treatment and say that in one case the flow of saliva was reestablished by the insertion of artificial dentures. They advise a careful masticating of food and perhaps at times the use of chewing gum.

<sup>2</sup>Prinz, Hermann; Greenbaum, S. D.: *Diseases of the Mouth and Their Treatment*, Lea and Febiger, 1939.

We have found that dryness and burning sensation are not uncommonly associated with the loss of vertical dimension in the teeth—that is, because of loss and wear of teeth, the mouth is closed up until there is pressure on the nerves and blood vessels passing through the temporomandibular joint. Perhaps some one of these suggestions will be helpful in improving the condition of your patient.—V. CLYDE SMEDLEY.

### Opening into Sinus

Q.—A woman about thirty-four came into my office to have all her upper teeth extracted. I knew that her teeth would be difficult to remove so I decided to extract the teeth on one side during her first appointment, those on the opposite side during the second visit, and the anteriors on her last visit.

All her single-rooted teeth came out easily, but the others were almost all taken out by removing some of the alveolar process. This I did carefully, making sure that everything was smoothly trimmed, properly sutured, and that packings of sulfathiazole, benzocaine ointment on iodoform gauze were placed. The patient's condition seemed satisfactory.

One month after all the teeth were removed, I found in the first molar region a slight opening into the sinus no larger than 1½ mm. in diameter. Whether the opening is now smaller than it was originally, I cannot say, but in the meantime I have artificially closed the opening with a gauze drain; the area around it is well healed, and the patient has no discomfort.

Since this attractive woman would like to have a denture as soon as possible, I decided to make an incision along the crest of the ridge, remove a little of the surrounding bone, and thereby make it possible to stretch the parts incised so that a suture could make the healing complete and the opening would be eliminated.

This I tried to do yesterday, without success. I could not get the incised parts in contact. I knew then that it was use-

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505. Muco-Seal impression material may be used in many different full denture technics with surprisingly retentive results in the lower denture.
506. Muco-Seal impression material should be used in a soft, sticky stage before it has begun to set up.
507. It should result in a thin wash of impression material over the mucosa, not a big squashed down wad. Keep the liquid cold in order to insure adequate working time during the first few impressions.
508. No matter what impression technique is followed, adding the sublingual extension seems to increase the retention of the lower denture. This has been confirmed by many investigators.
509. The Denta Pearl acrylic tooth, just like the rubber heel, reduces impact shock to the underlying tissues—thus increasing comfort, decreasing alveolar absorption and maintaining balance.
510. We feel that the above statement is so important in prosthetic dentistry that we have written a paper which we would like to send to you.
511. Acryvelum has not fulfilled expectations. Until a greatly increased resiliency life can be obtained, it will not be available except through research.

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less to do any stretching of the tissue.

What I had to do is this: The area exposed was about 10 mm. long and about 6 mm. wide. I tucked two strips of iodoform gauze, impregnated with sulfathiazole and benzocaine ointment, buccolingually. That seemed secure when the patient was dismissed. There was sufficient bleeding so that I hoped that the blood would fill the opening and finally form new tissue.

I told the patient to refrain from blowing her nose, and I hope that I will not have to remove the gauze until a period long enough for healing to take place has elapsed.

There are no retained roots and there was no knowledge at the time of the operation that there was any sinus exposed. The patient states that she had a sinus condition before the operation, and since the removal of the teeth her nose seems better.—S. W. Z., Maryland.

**A.**—From your description of the manner in which you removed the maxillary teeth of your patient, it would seem that you used unusual care and skill.

Whether the extremely small opening into the maxillary sinus would have closed, one cannot say. It probably was epithelized, having been open a month, and would not have closed, although I have known larger openings than that to close. It is good practice, and it is not yet too late, to consult an otolaryngologist and have him establish drainage from the nasal side of the sinus, when simply freshening the edges of the oral opening will probably result in its closing. As soon as your present wound heals you could follow this plan, and there is no reason why you should delay longer in making the denture.—GEORGE R. WARNER.

### **Hypertrophic Gingivitis**

**Q.**—I have encountered a type of gingivitis that does not respond favor-

ably to any type of treatment with which I am familiar. I find it generally in the younger age group, 18 to 35. The upper anterior region is the area usually affected. The gingiva is hypertrophied, smooth and shiny, and generally not painful. In some cases hemorrhaging occurs. There is not much pocket formation and no deposit present.

I feel that such a condition must have a systemic background. I have tried vitamin therapy, diet, and local use of glycerite of tannic acid. The results are not what I should desire.

Can you suggest a treatment as well as the etiology of this type of gingivitis?—R. L. S., Pennsylvania.

**A.**—You describe hypertrophic gingivitis in your letter. Of this Merritt says, "It may be caused by purely local conditions, such as trauma, mouth breathing, orthodontic treatment, and the like, or it may have a systemic origin as in cases of pregnancy, scurvy, and leukemia."<sup>3</sup>

In my experience these cases respond well if one can secure the full cooperation of the patient. The dentist must with meticulous care curette to the bottom of each gingival crevice and be sure there is no roughness of any nature left in the crevices. Then these areas must be carefully polished with porte polishers and silk tape. This type of prophylactic treatment should be given once a month until the hypertrophy is markedly improved. But all of this treatment will be of little value unless the patient will spend five minutes twice each day with the brush and silk tape. I like and teach the Charters method of toothbrushing but any of the accepted methods will give results.—GEORGE R. WARNER.

<sup>3</sup>Merritt, A. H.: Periodontal Diseases and Soft Tissue Lesions of the Oral Cavity, The Macmillan Company, 1945.



## PEN-TROCHES\* CUTTER

—sealed dry for stability—  
offer better control of oral infections

Where penicillin potency is concerned—beware of water! Even atmospheric moisture causes rapid deterioration.

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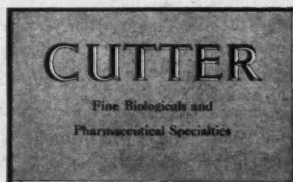
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## Laffodontia

"Last night, I questioned my husband for hours about where he'd been."

"What did you finally get out of him?"  
"A fur coat."

★

"What will we do tonight?" asked the girl friend.

"Aw, let's do something different," suggested the boy. "For instance; you try to kiss me and I'll slap your face."

★

Sambo: "Mandy, what's dat light shinin' in yo' eyes?"

Mandy: "Dat's my stop light, Rastus."

★

How doth the busy fisherman  
Improve each shining hour?

He drinks his bait,

Then gets home late,

And lies with all his power.

★

"I do not like these jackets,"

Said a WAVE who was rather thin,

"But," said her friend, "you get  
out of them

Just exactly what you put in."

★

Queen—A lady who takes your jack.

Maxim—The keen-edged tool of  
speech.

Bachelor—A man with no children  
to speak of.

Bigamy—One man trying to serve  
two masters.

★

Rosie (to other salesgirl in store):  
"Listen, Myrt, I've learned that if you  
just keep your back turned, the custom-  
ers will go away."

★

Young Man: "Sir, I want to marry  
your daughter."

Film Star's Father: "Young man, can  
you divorce her in the manner in  
which she has been accustomed?"

★

Conductor: "Madam, you'll have to  
pay full fare for that boy. He must be  
over twelve."

"How can he be over twelve when  
I've only been married ten years?"

"Listen, lady, I collect fares—not  
confessions."

★

Speaker: "I have lived in this town  
all my life. By actual count there are  
55 tap-rooms and saloons in the town,  
and I am proud to say I have never  
been in one of them."

Voice: "Which one is that?"

★

An elderly couple was crossing a high  
mountain pass. It had been snowing the  
night before and the road was slippery.  
The car skidded. When it stopped, it  
was balanced on the very edge.

"John, what were your last  
thoughts?" asked the wife.

"Well, Mary, I thought—Oh, I'm so  
glad we are going together, for I  
couldn't live without you, dear.

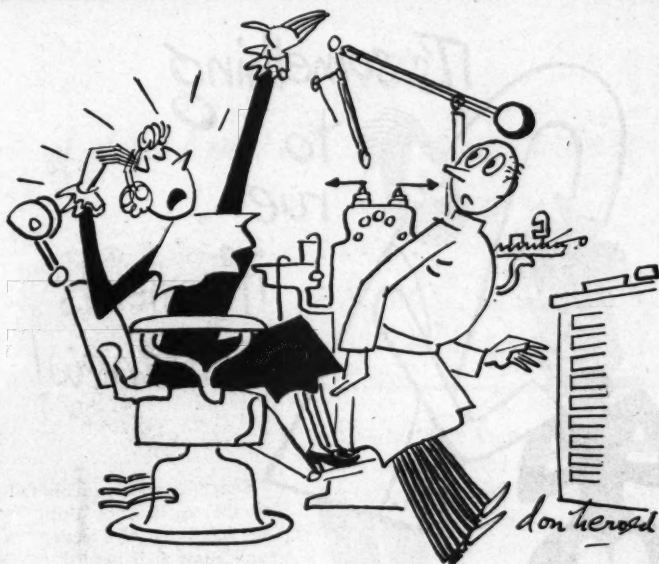
"What were your last thoughts,  
honey?"

"Well, John, I'll be frank with you.  
My thought was: Oh, John, if you had  
only let me drive this wouldn't have  
happened."

★

"Your husband looks like a brilliant  
man. I suppose he knows practically  
everything."

"Don't be silly. He doesn't even sus-  
pect anything."



**"MY PET PATIENT,"** writes Dr. J. N. C., "is an ardent soap opera fan. She arranges her appointments to suit her favorite radio programs—then gives me a running resume of the day's episodes while she's in the chair."

"But there's another program she's interested in, too. When I recommended the daily use of the foaming detergent solution that rapidly kills most bacteria common to the oral cavity, yet is safe for everyday oral hygiene, she exclaimed:

**"That's Cēpacol—my favorite  
for flavor!"**

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THE WM. S. MERRELL COMPANY, CINCINNATI, U. S. A.



Don't let your patients fall into the easy habit of "skipping" foods that give teeth and gums their needed daily exercise!

Eating Nabisco Shredded Wheat—at least once a day—is the easiest way to get patients to do their *functional chewing*. For Nabisco Shredded Wheat is so crunchy-delicious, so full of the good *natural* whole-wheat flavor,

patients really love it . . . young and old!

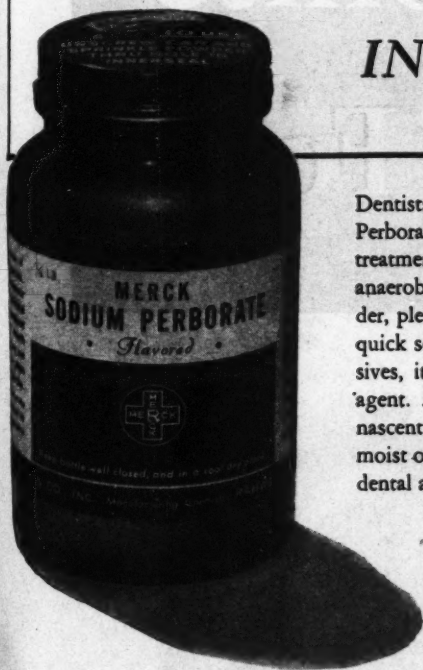
And it's just as good for them as a bowl of hot cereal, without the bother!

For fun, flavor, and *functional chewing*, get your patients eating Nabisco Shredded Wheat, the original Niagara Falls product, every day.





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*Treatment of Certain*  
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**INFECTIONS**



Dentists have found in Merck Sodium Perborate Flavored an effective aid in the treatment of oral infections harboring anaerobic organisms. A pure white powder, pleasant to taste, finely screened for quick solubility, with no insoluble abrasives, it also is effective as a cleansing agent. Alkaline in reaction, it liberates nascent oxygen when in contact with moist oral tissues. Advertised only to the dental and medical professions.



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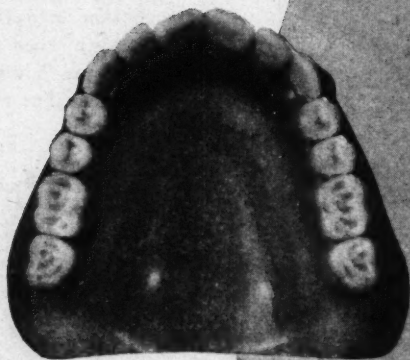
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# Greater Color Uniformity

For the greatest possible color uniformity and translucency in your dentures specify Vernonite in the Gel form. The desirable, even balance of life-like color, so pleasing to dentists and patients alike, is the result of *thoroughly* mixed ingredients.

Vernonite Gel—the scientifically pre-mixed form of Vernonite—is formulated under controlled laboratory conditions requiring many hours of mixing and gelation. This mechanical mixing eliminates the possible variations that can occur when powder and liquid are quick-mixed by hand; it avoids the streaks and uneven color found when acrylic dough is insufficiently or improperly mixed.

Specify Vernonite . . . and if you want the greatest possible color uniformity in your natural pink dentures (and the greatest possible clarity in your transparent palates and peripheries) specify *the gel form* of Vernonite.

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with an old and dependable name

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*Super-Cal*

FLASKING COMPOUND

Processing acrylic dentures by the boiling water method calls for a Flasking Compound with several unusual characteristics. It must combine extreme strength—yet it must cut or break away readily *without harm to the denture*. These conflicting qualities are united in French's "Super-Cal." You may depend on it to keep the denture intact without shifting or distortion. When the hardening process is completed, it's amazingly easy and quick to remove "Super-Cal" without danger to the denture.

*Make a test*—Like all famous French Products, "Super-Cal" is made to prove itself in performance. Order a trial supply from your dealer, or ask him for a free sample. Prove to yourself that "Super-Cal" has exactly the qualities you seek in a flasking compound.

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*Specialists in the manufacture of fine plasters since 1844*



**MAKE IT THE BEST! MAKE IT TO LAST!**

### **—insure lasting beauty!**

Beauty certainly counts in a restoration. It counts not only the day the restoration is made, but also after forty, fifty, and more, years of service.

There is one restoration of such lasting beauty. It neither disintegrates nor fractures. It neither discolors itself nor surrounding tooth structure. And it can be made smaller and less conspicuous.

That restoration is a Gold Foil. It not only looks beautiful on completion, but *stays* beautiful through long years of service. As observed by Dr. Roy James Rinehart: "When the mouths of patients who have gold foil fillings are inspected,

we should be blind to the opportunities of foil work if we did not appreciate the wonderful service they are rendering. Such mouths present an artistic, serviceable, and clean-cut appearance rarely found when the restorations consist of inlays and of silicates."

Would you like interesting data about this wonderful material *regularly*? Simply mail the lower portion of this page with your card or letterhead to **Morgan, Hastings & Co.**, 2314 Market Street, Philadelphia 3, Pa. — Established 1820.



*A Gold Foil after 57 years! (Courtesy Dr. M. B. Carter.)*

**A gold foil does more . . . is**

**worth more!**

## NEWS AND VIEWS OF VITALLIUM

### Tear Duct Tubes



Now it's Vitallium tear duct tubes! More properly they are called naso-lacrimal duct tubes and are placed in the head to maintain drainage from the eye into the nasal passages.

As a result of a head cold, it may happen that the tear ducts which drain the tear sacs become clogged. This means either cutting through the nasal bones to relieve the congestion, or inserting a Vitallium tube.

Silver tubes had been used, but often disintegrated or caused tissue reaction. Vitallium tubes, however, cause no reaction and have been used with success by many ophthalmologists since they were reported in medical literature by Dr. W. E. Muldoon in December 1945.





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THAT'S VITALLIUM**

It is as if you wrote the prescription. Vitallium dentures are clean, bright and lustrous at all times. The hardness of the Vitallium alloy is your assurance of these qualities. The surface is dense, smooth. Tastes and odors are not absorbed. Food pockets do not accumulate. It is easy to keep a Vitallium denture clean. **VITALLIUM** for modern dentistry.

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- Vitalon Denture and Bridge Resin
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*Prescribe* **THROUGH YOUR VITALLIUM LABORATORIES**

\*VITALLIUM is a registered trademark of Austenal Laboratories, Inc.



meet your predecessor . . .

## "The Town Tooth Drawer"



Dentistry has come a long way since the gentleman in this old print practiced the "gentle" art of pulling teeth. It has progressed in scientific knowledge, in specialized equipment, in pain-minimizing techniques.

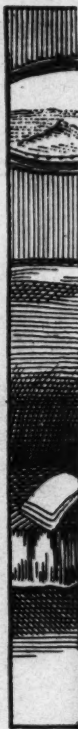
McKesson & Robbins, too, has progressed immeasurably since its establishment in 1833. *That's more than 114 years of pharmaceutical experience and know-how.*

So it's small wonder that Calox Tooth Powder—McKesson's famous dentifrice—is so well regarded by professionals and laymen alike.

Calox is all that a good dentifrice *should* be . . . an efficient cleanser, and an excellent polishing agent. It has, *in addition*, an unusually fresh, tingly flavor which encourages regular tooth hygiene, especially by children.

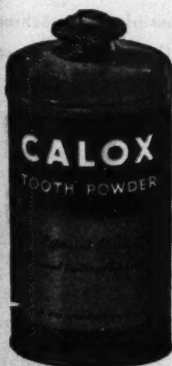
We hope you'll keep Calox in mind when patients ask you to recommend a reliable dentifrice.

## CALOX tooth powder





*From an old print—The Old Print Shop*



MCKESSON & ROBBINS, INC., BRIDGEPORT, CONN.



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The "personalized denture" represents the highest achievement in modern restorative Dentistry—and it is very easily produced for the edentulous patient!

First: A Family Trait Recorder is used to register a 3-dimensional plaster model of the dentition of a relative (brother, sister, child or grandchild).

Second: Teeth are then selected which will duplicate the varied labial tooth characters and the tooth arrangement shown by the "Recorder" Model.

You can find all the "living" tooth characters required to personalize the denture in Five-Phase Anterior. As a matter of fact, they are the only teeth that provide: 1. Varied labial contours and markings. 2. Co-acting proximals for the simple transposition of teeth from different size sets into the same denture. 3. Co-ordinate size system to make proper selections practical and possible. 4. Veri-chrome Natural Tooth Colors and their con-



# FIVE- A N T E

SPECIFY WITH THE VERI-CHROME

UNIVERSAL DENTAL COMPANY • 48th and R

# dentures...

## E-PHASE E R I O R S

STEREOTYPED  
DENTURE



THESE  
PHOTOGRAPHS  
ARE NOT  
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trolled brilliance which assures a lifelike blending of tooth colors when more than one color is required in a single denture. 5. "Living" depth, refraction and translucency of Veri-chrome Porcelain.

You will be more than gratified by the esthetic improvements achieved with Five-Phase Anteriors and the personalized denture. Since you will undoubtedly want to discuss the matter with your Technician, we have already informed him of the procedure. ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

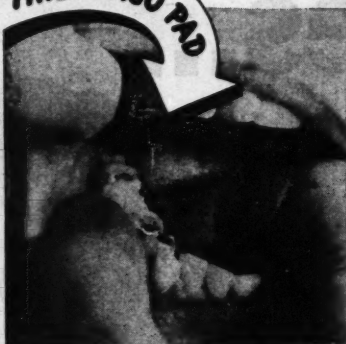
## E-PHASE E R I O R S

CHROME COLOR GUIDE

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FOR  
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Fillings suitable for  
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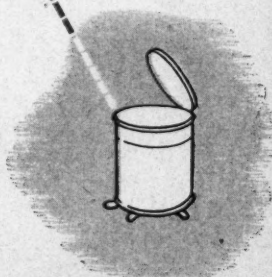
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**Greater Flexible Strength  
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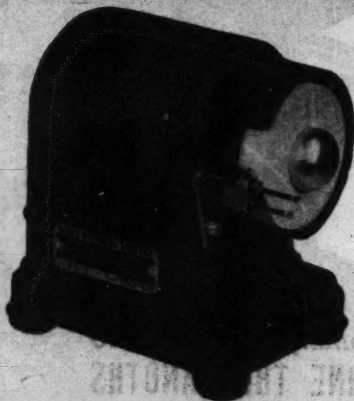
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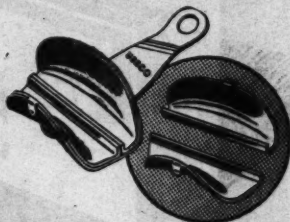
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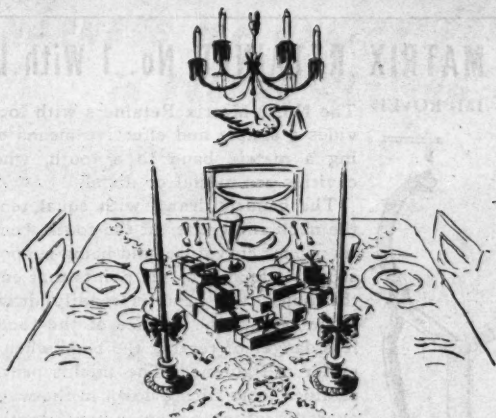
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When a patient's mouth and teeth are in good order, Mu-Sol-Dent helps you keep them that way. It dissolves mucin plaques, combats the formation of tartar in those hard to reach cracks and recesses of mouth and teeth. It is certified by one of the Nation's leading research institutions.

Mu-Sol-Dent helps keep the breath refreshed, is pleasant tasting and is used in small quantities full strength.

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AT ALL  
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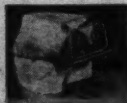


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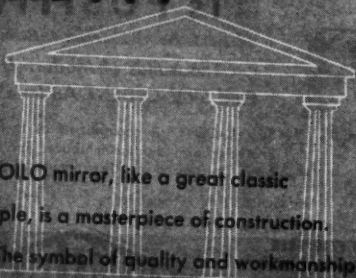
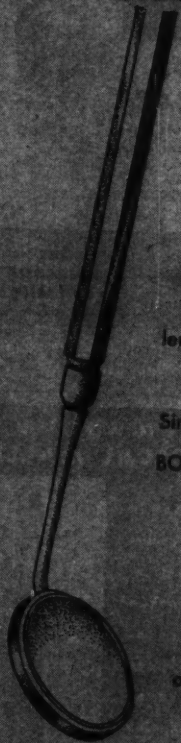
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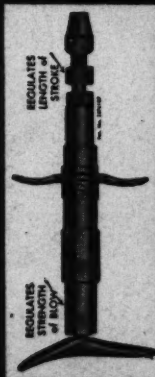
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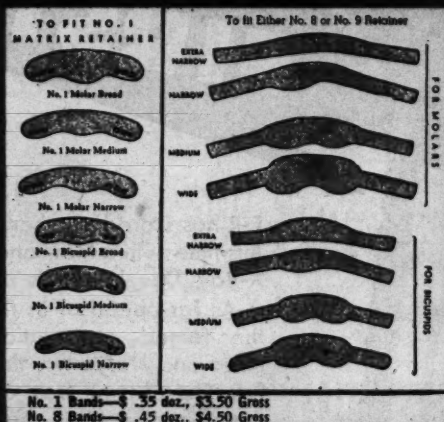
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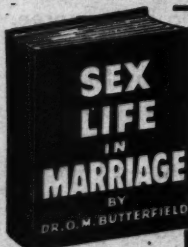
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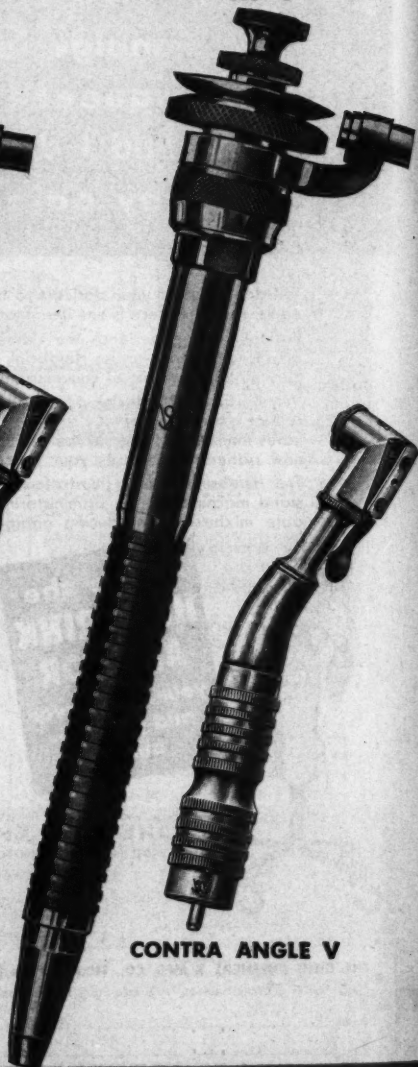
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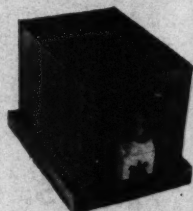
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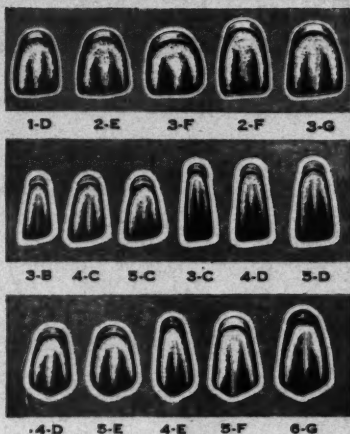
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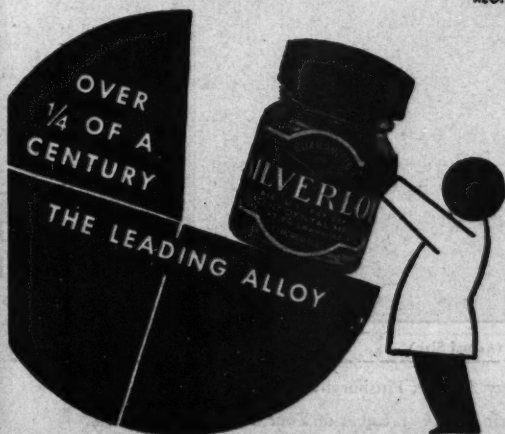
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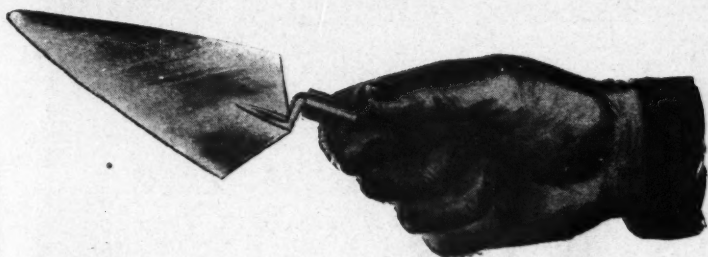
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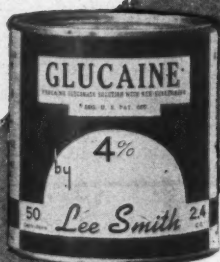
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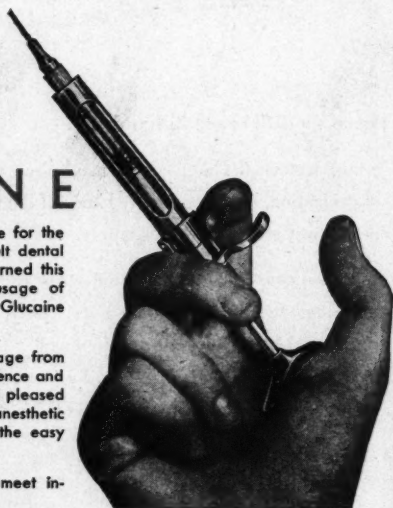


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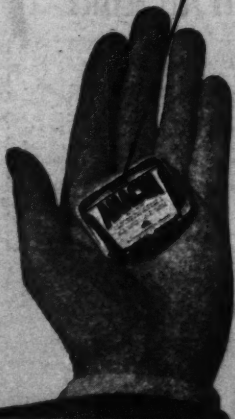
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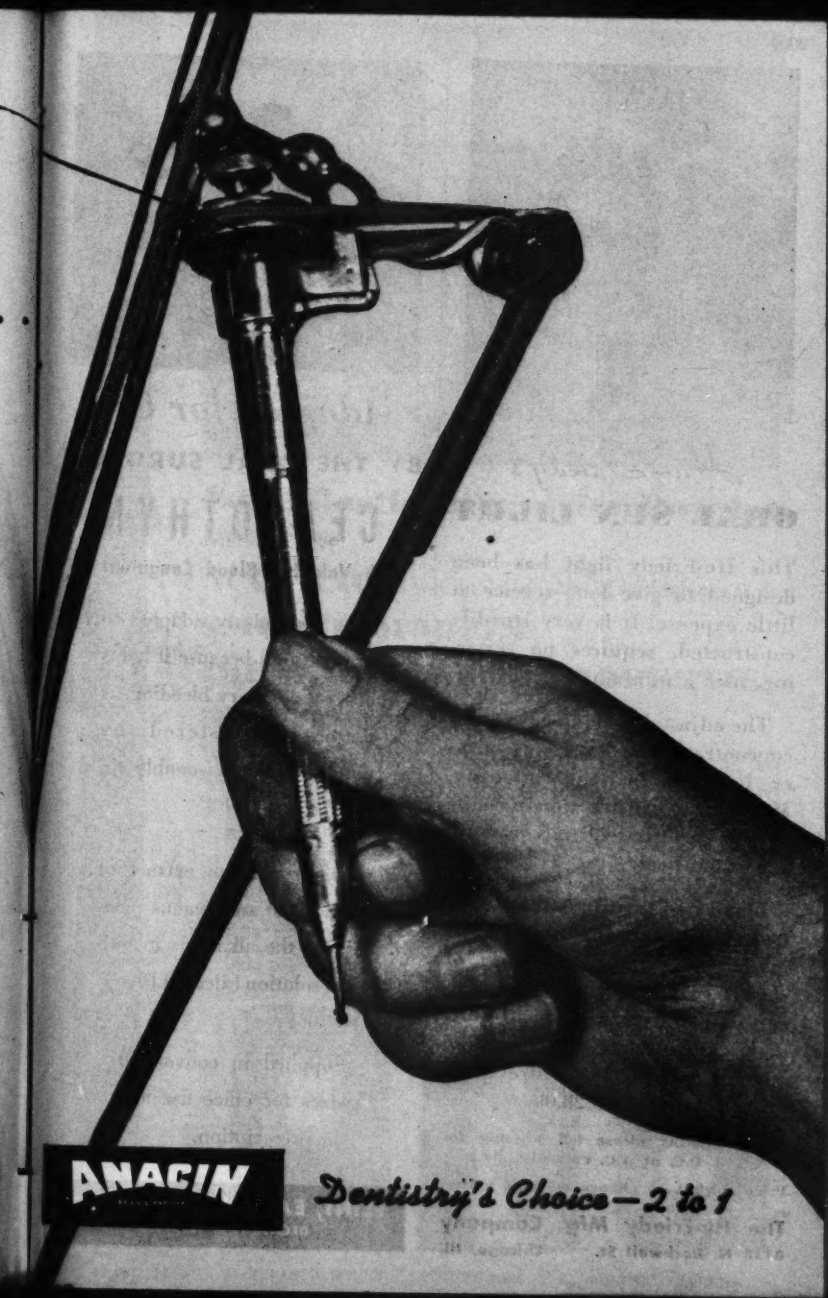
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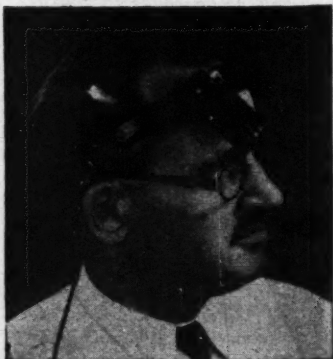
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Lang Denture Reliner

\*Lang Dental Crown, Bridge and Inlay Cement  
\*Lang Acrylic Denture Material  
\*Certified to A.D.A.

# **LANG**

LANG DENTAL MANUFACTURING CO., 828 MONTROSE AVE., CHICAGO, ILLINOIS



## McKean

### MASTER SEPARATOR and MATRIX RETAINER

accomplishes easily both (1) positive separation and (2) positive retention of matrix. Spring tension acts as a separator, makes a tighter contact on finished restorations, is extremely useful in inlay wax technics. Complete set includes two adult retainers and one deciduous retainer; a supply of Stim-U-Dents for wedges; 8 feet of soft Tru-Chrome material. At your local supply house. Complete set, \$4.50.

### Rocky Mountain Metal Products Co.

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ONLY \$15  
PREPAID

### TABLE ON WHEELS FOR OFFICE OR HOME

The Arden plays many roles in reception room, operating room, or home. Selected hardwood, smoothly sanded, ready to paint or decal. Assembled in five minutes, this sturdy, versatile piece will last a lifetime. Perfect as a plant stand, magazine table, serving table, bar, instrument or bottle stand—the Arden is styled to go with any interior. Makes an ideal gift, too. Size 18" x 28". Also available in maple, mahogany, or natural finish, \$4.75 additional.

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### PLEASANT HILLS INDUSTRIES

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## Sherman's Tip

EACH CIGAR  
INDIVIDUALLY  
TIPPED...

exclusive with  
**nat sherman**

Guaranteed to be the finest, lightest hand-made, individually tipped cigar. Every leaf selected Havana. Custom rolled for us exclusively. Really different! \$6.25 for box of 25.

#### INTRODUCTORY OFFER:

Trial package of 5 at \$1.25 post-paid. Send for yours today!

➔ NOW TAKING XMAS ORDERS.

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THE HOUSE OF FINE CIGARS  
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BY MAIL ONLY

# with rota-seat

**you operate  
from any  
position—  
*sitting  
down***

**Y**OU reduce strain and fatigue, work better, feel better, add years to your professional life when you operate from Rota-Seat.

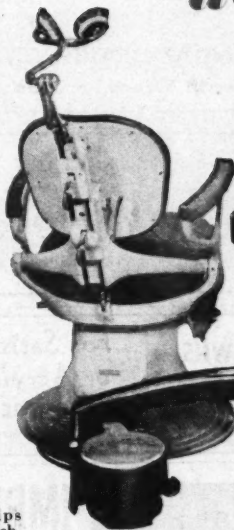
Rota-Seat is an operating seat, not a rest stool. You can work comfortably all day on the deep, Seafoam rubber cushion. Silent, roller-bearing rubber wheels let you move effortlessly in an operating arc beside the patient's chair.

The sturdy metal base is rock-solid, can't push away as you work. Your hands are free at all times. There's no fumbling for the foot switch. A metal housing pulls it along as you move.

No equipment change or additional space is necessary. To install Rota-Seat, just slip the thin metal flange under the patient's chair. Ask your dental supply dealer about Rota-Seat or write for descriptive folder.

Metal housing slips down over foot switch, pulls it along as you move.

Seafoam rubber seat, mounted off-center, can be turned to give operating distance you like.



Patent applied for

Silent, ball-bearing, rubber wheels let you move instantly and effortlessly.

Sturdy metal arm anchored to metal flange under patient's chair. Rota-Seat pivots on flange, keeps you always at operating distance.

**rota-seat INC.**

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**THE "IMPROVED"  
RANFAC IMPERIAL**

**CARTRIDGE SYRINGE**

Dentistry's most dependable syringe, designed and precision made by Randall Faichney, specialists since 1888. Used by dentists throughout the world. True, precise, perfectly balanced. Imperial Cartridge needle's obtainable in all practical sizes.

*At your dental supply house.*

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Complete stock of parts.  
Skilled workmanship. Your old outfit  
reconditioned like new. Ask for an estimate.

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**CLARK EQUIPMENT PARTS**



**JACKET CROWNS  
BRIDGES  
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**For Satisfaction in Porcelain  
or Acrylic, TRY**

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**IMPROVED BITE-WING  
TABS . . . . .**

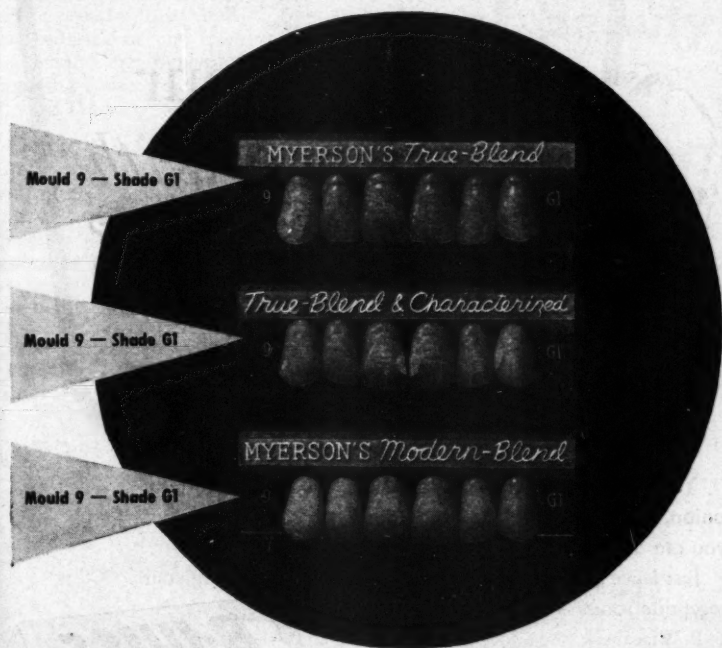
**an ethical practice-building item**

To make your technical procedure more complete use **IMPROVED BITE-WING TABS** on every film. You will then be using the best means of finding early proximal cavities, overextended fillings and crowns, subgingival calculi, etc. Your patients will be *better* pleased because your service will be *better*.

It's easy . . . it's economical. Box of 100 only \$1.25. Order from your dealer now.

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# a new system of tooth selection



## A MYERSON TOOTH FOR EVERY AGE GROUP

**True-Blend** — for the forty-plus patients who desire natural-looking restorations and often, too, for younger more rugged-looking patients.

**Characterized** — strongly indicated for those who have recently had a number of fillings in their anterior teeth.

**Modern-Blend** — for younger patients and female patients whose natural teeth have not been made rugged and stained by wear or aging, and the many who wish to add youthfulness to their appearance.

Remember, only with this simple, scientific system can you select a mould and shade for your patient and have that mould and shade in any one of these three lines, individualized according to your patient's requirements.

Send for 20 page booklet describing this newest Myerson development.

**MYERSON TOOTH CORPORATION, CAMBRIDGE 39, MASS.**  
**Formerly Ideal Tooth, Incorporated**



## How's your patience *with* *your* patients?

You can't say much when a patient exuding a powerful onion, alcohol, or stale tobacco breath takes the chair. But you can do something!

Just leave an open package or two of B-Wise Gum in your reception room as a gentle hint.

B-Wise masks the odor of onions, alcohol, and tobacco. It refreshes and sweetens the breath besides acting as an aid to oral detergence.



WHY NOT TRY IT  
AT NO EXPENSE?  
SEND THE COUPON  
TODAY FOR A  
GENEROUS FREE  
SAMPLE OF  
B WISE GUM.

Gum Products, Inc  
150 Orleans Street  
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Please send me a free sample of B-Wise Gum to  
try myself and use in my reception room

Dentist's Name .....

Street Address .....

City..... State.....

**GUM PRODUCTS, INC., 150 ORLEANS ST., EAST BOSTON 28, MASS.**

The next time you buy acrylic, ask for Lee Smith Certified Acrylic and have the happy experience of supplying your patient with "Living Dentures."

Certified Acrylic is a pure methyl methacrylate denture resin, entirely devoid of plasticizers, which processes easily with your customary technique. Dentures made from it fit well, wear well, and look well.

Available in 1-lb. package units of the following shades—

*Natural*  
*Dark Natural*  
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There's  
**natural beauty**  
in

*Living  
Dentures*

processed from

*Lee Smith*

**CERTIFIED  
ACRYLIC**



Certified to surpass  
A.D.A. Spec. No. 1

**LEE SMITH**

LEE S. SMITH & SON MANUFACTURING COMPANY

**Certified Dental Products Since 1866**

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**"MOYCO"**

**DENTURE**

**ACRYLIC\***

**NEW**

A formula based on the latest scientific knowledge and research available.

**TISSUE-LIKE**

Non-fading pink that simulates the appearance of natural gum tissue.

**STRONG**

Even after years of wear, the original form and finish remain constant.

**ECONOMICAL**

A package for 28 dentures, only \$5.00 ...moderately priced for real economy.

\* Powder and liquid, free from plasticizers and accelerators. Certified to comply with A. D. A. specifications No. 12 of Jan., 1942, for methyl-methacrylate denture resin.

**THE J. BIRD MOYER CO., INC.**

117-121 North Fifth Street • Philadelphia 6, Pa.

# FILLINGS

One of a Series of Pepsodent Messages to the Public



**Are you protecting your child's teeth against cavities?**

Little cavities, like little boys, grow bigger before you know it! Protect your child's teeth by careful brushing. And take him to the dentist regularly so trouble can be detected early. Your dentist will decide which type of filling to use—gold, silver amalgam, synthetic porcelain or plastic. The earlier it's done the less conspicuous it will be. So take your child to the dentist regularly—and insist on brushing twice a day.



**Pepsodent has urged regular professional attention for children's teeth in more than 80,000,000 advertising messages**

The importance of fillings in children's teeth has been the subject of educational panels in more than 80 million Pepsodent newspaper advertisements. These advertisements stress that neglected cavities are a menace to anyone's teeth . . . but that children, especially, should be taken to the dentist *regularly*, so that trouble can be detected *early*.

These messages are part of a continuous program informing the public of modern dental accomplishments. Pepsodent conducts this campaign in the conviction that its own progress is closely linked with the dental welfare of the nation.

*"See your dentist twice a year" is the slogan originated by Pepsodent and featured in its advertising for 18 years.*

**Pepsodent**

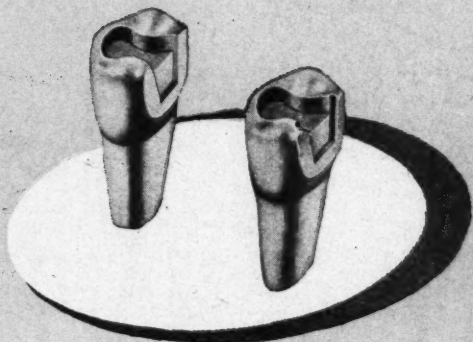
DIVISION OF LEVER BROTHERS COMPANY

PEPSODENT TOOTH PASTE • Pepsodent TOOTH POWDER  
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## HOW TO CHOOSE



MADE AND GUARANTEED BY THE WORLD'S LARGEST

### STARLITE SELECTION NO. 1 FOR CAVITY PREPARATIONS:

These six Starlite Diamond Instruments form a basic group that provides great versatility and adaptability for cavity preparations. With each order for these or any other six Starlite Diamond Instruments, your Starlite Dealer will supply without charge, the clear Lucite block as illustrated (designed to hold 20 instruments) and one Starlite Klean-Stik. A modern 40-page treatise on Starlite Diamond Instrumentation is also available upon request from your Starlite Dealer.



# THE PROPER DIAMOND INSTRUMENT:

To select diamond instruments it's always safe to say *Starlite* . . . they're the finest diamond instruments made . . . and because of quality they're by far the most economical.

*Starlite* is the finest instrument because each is superbly designed, each has a grit specialized to produce best results in its particular application. Diamond placements are permanently embedded by the exclusive *Starlite* process—controlled on edges as well as surfaces for greatest cutting efficiency and durability.

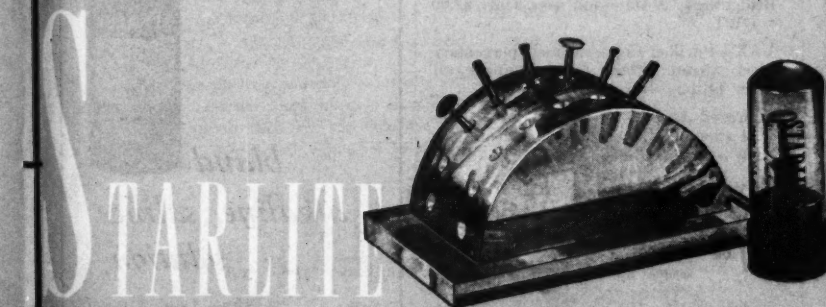
Each *Starlite* Dealer is prepared to offer a real Diamond Instrument service. Call him for technical literature as well as for your Diamond Instrument requirements.



## STAR DENTAL

MANUFACTURING COMPANY, INC.  
58th at MARKET ST., PHILA. 39, PA.

BEST MANUFACTURER OF DIAMOND INSTRUMENTS



DIAMOND INSTRUMENTS



NO. 3  
\$5.00



NO. 222  
\$5.00



NO. 72  
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\$5.00



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\$5.00

# IT KILLS

**Sanitize  
your handpiece  
Quickly  
in 1 operation  
Clean and  
lubricate  
at the same time**



# STERO -OIL

...used after each patient, provides you with a clean, well lubricated, sanitized handpiece, in just one minute. A dependable product for 23 years, now better, at lower cost.

**New instruments  
deserve this care**

**16 oz.  
ECONOMY BOTTLE**

**\$4.50**

**Order Today from Your Dealer**

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Trade Name *Flossgold* Mixed in Amalgamator 40 Seconds for Inlays, Crowns, Bridgework. A thousand uses. Only \$2.00—DWT.

VAX—Purified Copper. Small percentage silver nitrate. Place fraction under all silver fillings. Box—\$2.50.

Improved *Mixing Capsules* 4 for \$2.00—Will exchange all imperfect capsules for NEW—Gratis. Block of 6 Misc.—\$6.00.

**New price on the latest type  
FLOSSY AMALGAMATOR**

**\$57.00**

with all accessories and sample materials.

All Imitation Motor Amalgamators \$15.00 and for non-motor \$10.00 credit is allowed on new machine.

At all well known dealers.

Send for convincing literature.



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*bland  
alkaline, saline  
solution*

Since 1896 Alkalol has been recognized as an effective agent for alleviation of oral inflammations. For clinical sample, write: The Alkalol Company, Taunton 15, Mass.

# INTENSIVE

For

Vitamin Therapy

In manifest vitamin deficiencies it is inadvisable and impractical to rely primarily on dietary correction. The deprivation of essential nutrient factors usually has existed for many years, and it is important to give adequate treatment in order to restore health promptly. Pluraxin is especially designed for intensive vitamin therapy.

## Therapeutic Formula: Pluraxin

Vitamin A (from fish liver oil)	25,000 U.S.P. Units
Vitamin B <sub>1</sub> (thiamine)	15 mg.
Vitamin B <sub>2</sub> (riboflavin)	10 mg.
Vitamin B <sub>6</sub> (pyridoxine)	2 mg.
Nicotinamide	150 mg.
Calcium pantothenate	10 mg.
Vitamin C (ascorbic acid)	150 mg.
Vitamin D <sub>2</sub> (calciferol)	1,000 U.S.P. Units

Same formula with folic acid 5 mg. per capsule

One capsule daily is usually sufficient. Some patients may require larger doses at first. In vitamin therapy, "it is far better to prescribe too much than too little, too soon rather than too late" (Spies). Available in bottles of 30 and 100 capsules.

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*High Potency - Therapeutic Formula - Multiple Vitamin Capsules*

Now also Pluraxin with FOLIC ACID

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now has  
Craig-  
Martin  
TOOTH PASTE

—or can get  
it through  
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Bears the Seal of  
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knowing that it is  
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10¢ Large  
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Send samples of Craig-Martin Tooth Paste and  
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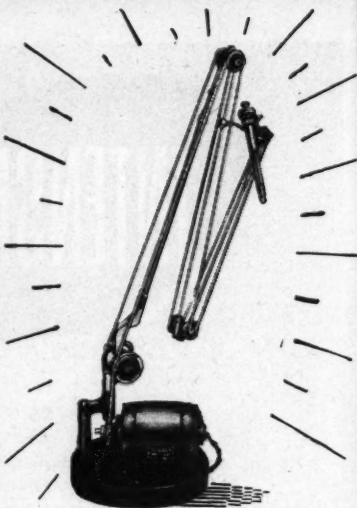
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**IN QUALITY**—Because only  
EMESCO engines give you—all  
6: sturdiness—greater horsepower  
—higher speeds—reversible  
motor—six speeds—foot control.

**IN PERFORMANCE**—Because  
superior quality means faster,  
smoother operation, longer life,  
satisfaction for dentist and  
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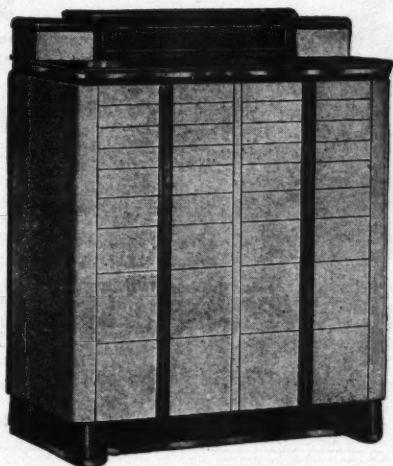
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home in laboratory or office,  
EMESCO No. 90 is the most  
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\$94 complete

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WITH THIS AMERICAN NO. 141-A . . .

DOES IT  
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- A stainless, unbreakable, grooved working surface?
- Concealed bottle rack with 16 bottles?
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- Each drawer sealed against dust?
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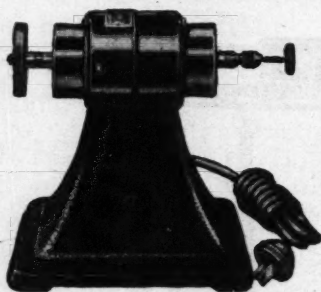
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*The Dentist's Office Workshop*



**VARIABLE  
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**Shipped prepaid**

Send check with order. Money refunded if not satisfied.

The finest small bench grinder made. 115 V, 25-60 cycles, AC-DC, 1/20 HP., 5000 RPM. Complete with arbor and 3/32" chuck. Takes all standard tools, 2" stone. Wt. 6 lbs. **DYNAMICALLY balanced. COMPACT design. HEAVY** cast iron base. **CONVENIENT** motor control switch fastened in base. Cord and plug. Just plug in light socket.

**DRILLS** or **BORES** clean, accurate holes in vulcanized rubber, gold, silver, porcelains and plastics. **SHARPENS** all types of instruments. **SAWS** and separates with dental saws or separating discs. **GRINDS**, **POLISHES** and **BUFFS** gold, rubber, plastics, etc. **SANDS** and **CLEANS**. **SHAPES** and **CARVES**.

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## THE RIGHT COMBINATION



For a perfect breakfast tender ham and fried eggs —and the right combination for the perfect "filling" **ODONTOGRAPHIC** "Improved" Alloy and **ODONTOGRAPHIC** Chemically Pure Mercury. Try this right combination for "better" fillings.

*At All Good Dealers*



**ODONTOGRAPHIC**  
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# Doctor—Judge

**P**HILIP MORRIS suggests *you* judge . . . from the evidence of your own *personal* observations . . . the value of PHILIP MORRIS Cigarettes to your patients with sensitive throats.

**PUBLISHED STUDIES\* SHOWED WHEN SMOKERS  
CHANGED TO PHILIP MORRIS SUBSTANTIALLY EVERY  
CASE OF THROAT IRRITATION DUE TO SMOKING  
CLEARED COMPLETELY, OR DEFINITELY IMPROVED.**

But naturally, no published tests, no matter how authoritative, can be as completely convincing as results you will observe for yourself.



## PHILIP MORRIS

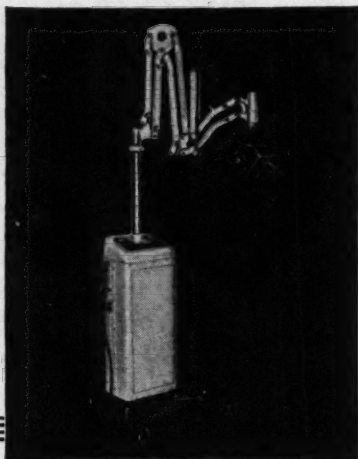
PHILIP MORRIS & CO., LTD., INC.

119 FIFTH AVENUE, NEW YORK, N. Y.

\**Laryngoscope*, Feb. 1935, Vol. XLV, No. 2, 149-154.

*Laryngoscope*, Jan. 1937, Vol. XLVII, No. 1, 58-60.

TO THE DOCTOR WHO SMOKES A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.



## Unexcelled RECORD . . . .

Here's how one user feels about FISCHER equipment: "Well, we have had our new FISCHER Dental-X for about two months now. At first I wished I had my old one back, but I'm getting used to this one now and it seems to be a honey. If this one lasts 22 years, as the old one did, I'll be willing to call it a day. I hope that my next 22 years of business dealings with you will be as pleasant as the last 22 years. I assure you that I will put in a good word for your apparatus whenever the opportunity presents itself."

## The Great New FISCHER CABINET DENTAL-X

The quality of a dental x-ray unit is to be judged not only by appearances, by convenience, and radiographic results; the factor of durability is vitally important. Time always passes a final judgment of worth. Real quality stands up under the toughest day-by-day performance, and through long years of use. Increased years of use add to investment values. FISCHER Dental X-Ray Apparatus is built—

has always been built—from the ground up to win from its users increasing respect as the years go by. The new and improved FISCHER Cabinet Dental-X, mobile or floor-wall mounted, is far and away the FISCHER best. It has everything, does everything; and is an apparatus you will be proud to own and use. You owe it to yourself to get the facts today.



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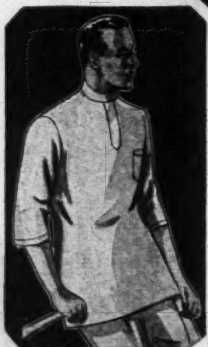
Your supply house now has in stock Steele's FLATBACK anterior facings in New Hue shades.

These new Steele's facings are *mechanically* the same as Steele's Regular and Trubyte facings and accurately fit the Steele's standard flatback backings. The carvings, however, are entirely new. The anatomy is similar to that of Steele's P.B.E. facings, now accepted as correct *bridge-tooth* anatomy—showing no marked collar line and minimizing the interproximal spaces. The character markings are so designed as to act as facets when wet with saliva; and this, plus the use of New Hue porcelain, gives these new facings a sparkle and “living” appearance unequalled by any other *flatback* facing.

You will find that these new Steele's Flatback facings harmonize perfectly with adjacent natural teeth and surrounding tissue, making possible improved esthetics in all anterior restorations.

THE COLUMBUS DENTAL MFG. CO. • COLUMBUS 6, OHIO

# Distinctively PROFESSIONAL



STYLE 11X

**\$5.15** Simpson's Queen  
Anne Sanforized  
ea. Poplin, 3 for \$14.60

**\$3.95** Indian Head Suiting,  
Sanforized Shrunk  
ea. 3 for \$11.00

Illustrated here is one of the many models in our Ready-to-wear line styled for appearance, comfort, and free action . . . made of either of two Nationally advertised materials. The model shown is furnished with Scovill rust and laundry-proof Gripper fasteners. For details of this complete line, write for Catalog OD-1.

## Pa-Kay uniforms

**READY-TO-WEAR  
and  
TAILORED-TO-MEASURE  
MODELS SMARTLY  
STYLED IN THE  
LATEST FABRICS**



STYLE 204

**\$6.95**  
ea.

Sizes 10-42

Just one of many flattering Ready-to-wear models combining crisp professional appearance with comfort and free movement. Made of Simpson's Soulette 2-ply Combed Poplin for long service through many launderings. Note how our stylists have designed this dress for easy laundering without sacrifice of charm. *We now have several styles available in Koda (Diagonal) Rayon.* Send today for latest Style Book ON.

**Doctor:** We offer many more styles in our **TAILORED-TO-MEASURE** Line, giving you choice from a wide selection of Nationally advertised materials like Broadcloth, Gabardines, various weights of Poplins and Rayons. You also have unlimited choice of sleeve and garment lengths, collar sizes, and fastener equipment. For details and samples of this complete line write for Catalog O.D.-2.

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FORMERLY MANHATTAN MFG. CO.

509 South Wabash Avenue • Chicago 5



**for the PREVENTION  
and TREATMENT of  
ORAL INFECTION**



*Entirely different*

**An Ammoniated Silver Nitrate Solution that WILL NOT DISCOLOR**

The therapeutic advantages of Ammoniated Silver Nitrate solution are well known and long established in the treatment of oral infection, hypersensitive teeth, arresting and preventing caries, etc.

"D-5" ammoniated silver nitrate and "D-6" reducing agent provides you with all these advantages, but avoids the disadvantage of discoloration.

It is harmless to soft or hard tissue and technic is simple and time saving.

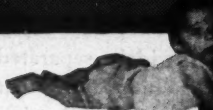
Put "D-5 & D-6" on your list of medicaments today.

Order from your dealer and write us for complete descriptive information on all "D-Formulas."

**PERIODONTAL SPECIALTIES CO.**

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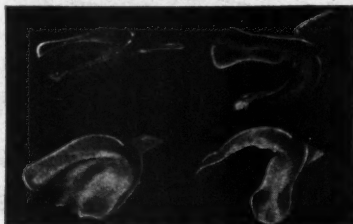
it's the little  
things that count



In making inlays, too, little things make a big difference. That's why more and more dentists are learning to depend on Inlays, Inc., the laboratory that specializes in inlays, for that extra know-how that assures better work.

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Rapid air-mail service throughout the U.S.A.



**THE *New* ACKLEY  
IMPRESSION TRAYS**

Accurate impressions of functioning and non-functioning tissues are made more easily following a compression or non-compression technic with the new ACKLEY Impression Trays. Now available in five sizes of lowers and five entirely new uppers. Adjusting of trays is done quickly with the tray adjusters furnished with complete outfits.

Complete set of  
5 Uppers and 5 Lower  
2 Tray Adjusters ..... **\$17.50**  
**THROUGH YOUR DEALER**

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Surveys from widely separated parts of the country show that a large percentage of dentists recommend Revelation Tooth Powder. Cleans teeth safely, thoroughly, pleasantly. We invite you to test it at our expense. *Please include professional stationery with your request for samples.*

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FOR OVER FORTY YEARS

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"EACH PRODUCTION BATCH INDIVIDUALLY TESTED"

DENTURE CLASP  
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replacing "half-round"

RIGIDFORM

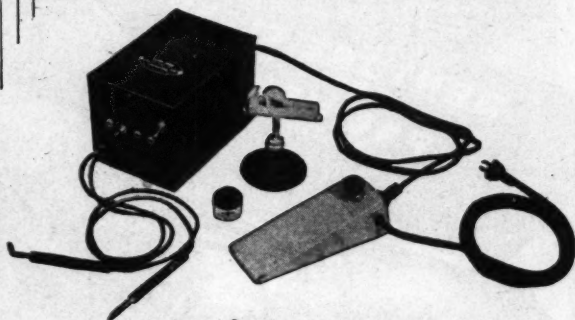
With these two products of Ney research . . . one our most popular gold color wire, the other its companion alloy in platinum color . . . you can satisfy your every need for a good clasp wire that can be safely adjusted when necessary — strength, toughness, and elasticity. Moderately priced, too.

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# TORIT

## *Electric Soldering Machine*

**For those intricate and difficult  
soldering operations**



With the TORIT Electric Soldering Machine you can handle soldering operations that are impossible by any other method. You will save time—and do better work. The heat is localized, so that denture material adjacent to the part to be soldered need not be damaged.

The TORIT Electric Soldering Machine is easy to operate. Four different heats are available through moving a simple plug-in jack. It will give years of service. Replacing the soldering carbon about once a year is the only maintenance cost.

TORIT production has now increased to the point where prompt delivery can be made of TORIT Electric Soldering Machines and practically all of the other items in the TORIT line. For complete details and the latest TORIT Dental Catalog write: TORIT MANUFACTURING COMPANY, 279 Walnut Street, St. Paul 2, Minnesota.

## **Torit Dental Products**

# Immunity against Caries

... is now in the stages of clinical possibility through the principle of tooth impregnation demonstrated by Dr. Bernhard Gottlieb.

Using the Gottlieb Technic of Impregnation at the Freeman Clinic for Children, Dallas, Texas, Dr. Harold Younger Reported the Following:—

Children in which half mouths were treated, 4 new cavities were observed one year after impregnation. In the untreated and controlled quadrants, 39 new cavities were evident.

Two years later, the treated half mouths showed 8 new cavities compared to 30 new cavities in the untreated and controlled quadrants.

Special to THE NEW YORK TIMES.

BOSTON, Aug. 7.—A report that children can be made 90 per cent immune to tooth decay by use of zinc chloride and potassium ferrocyanide, was made at the meeting of the American Dental Association today by Dr. Bernhard Gottlieb of Baylor University at Dallas, Tex.

Dr. Gottlieb and three of his associates discussed the new technique, which simply involves flood- ing cleaned, dried teeth of children with the salt solutions to block up microscopic routes of bacterial invasion.

## IMPREGNOL<sup>1, 2, 3</sup>

... the convenient and ready to use unit containing the impregnating solutions for caries prophylaxis based upon the research of Dr. Bernhard Gottlieb.

IMPREGNOL is for use by the dentist only. The solutions are applied to the surface of the teeth in the directed sequence. IMPREGNOL is effective not only for caries prophylaxis, but for desensitization, and indicated in cavity preparation, root canal therapy, exposed dentine, etc.

Each unit of IMPREGNOL Solutions consists of the following:

- 1—Benzene C.P.
- 2—Zinc Chloride 40%, Polyoxyalkylene Sorbitan Monolaurate 1%
- 3—Potassium Ferrocyanide 20%, Polyoxyalkylene Sorbitan Monolaurate 1%

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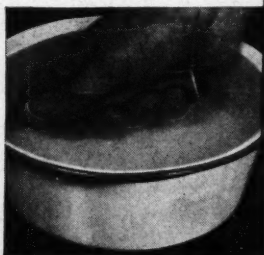
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Nineteen selected ingredients make Dentocoll accurate. The exclusive celluloid tube makes Dentocoll easy to use.



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Yes....10 years from now so many  
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the same sound reasons they do today  
—and did 30 years ago.

The reasons:

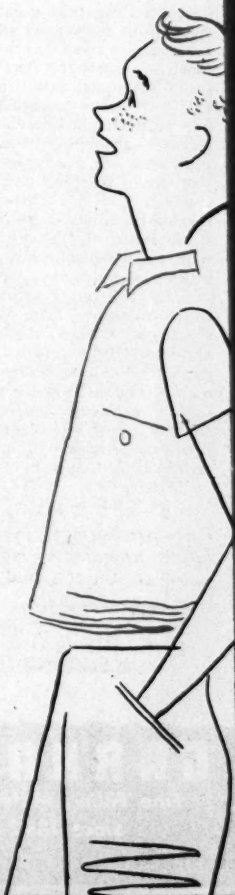
Because Kolynos can be trusted to  
do a thorough cleansing job with  
complete safety. And, of course,  
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flavor and the way it poses a  
delightful invitation to regular  
tooth care.

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and see for yourself how effectively  
these distinctive features work.

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# GARHART SYNTHAY PORCELAIN

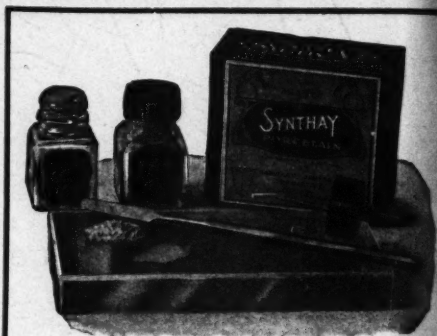
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**N**EW Garhart Synthay Porcelain produces a natural, translucent filling that is, at the same time, both dense and strong. You need use no special techniques, for Garhart Synthay Porcelain possesses universal handling properties. Just a few seconds and Garhart Synthay Porcelain's high powder absorption and extreme plasticity are ready to work for you. Saves you *hours* at the chair! Garhart Synthay Porcelain is remarkably adhesive in the plastic state, building layer upon layer with positive cohesion. No shade guide is necessary. Shades #3, #6, #15 provide similar ones to those of your "True Hue" tooth shade-guide. #3 (light yellow) and #6 (light yellow gray) supply 80% of your shade-requirements. The fillings do not appear darker in deep cavities than in shallow ones. There are also three blending shades which are rarely required. #1 White, #4 Yellow, #7 Gray.

*Perfected Garhart Synthay Porcelain is supported by more than 20 years of research and successful clinical performance.*

*All Prices Subject to Change  
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Contains 2 eight gram portion  
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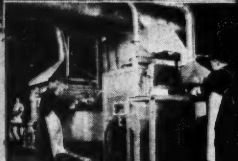
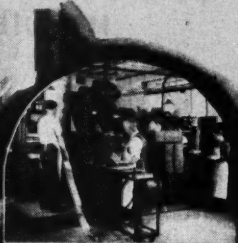


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**T**ODAY, STERN plants and offices comprise 40,000 square feet of floor space, every inch scientifically laid out. The two man "staff" of 1897 has grown to a small army of experts—metallurgists, research workers, factory craftsmen and sales, office and shipping personnel.



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## IN THE AIM TOWARD A BETTER DENTAL STRUCTURE

Because the foundations for sound permanent teeth are laid down many years prior to dental eruption, a long range nutrition program is necessary in the planning of good dental health. Mothers appreciate whatever information they can receive on this subject and usually cooperate fully in the interest of encouraging the best possible dental structure in their children.

As a means of improving nutritional health and supplying the

nutrients considered essential for sound dental development, the delicious food drink made by mixing Ovaltine with milk is highly advantageous. It supplies not only the very minerals required, but also essential vitamins including ascorbic acid, and biologically complete proteins. Children enjoy Ovaltine and drink it readily in recommended quantities. Two or three glassfuls daily readily raise even an average diet to full nutritional adequacy.

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# Ovaltine

Three servings daily of Ovaltine, each made of  
½ oz. of Ovaltine and 8 oz. of whole milk,\* provide:

CALORIES.....	669	VITAMIN A.....	3000 I.U.
PROTEIN.....	32.1 Gm.	VITAMIN B <sub>1</sub> .....	1.16 mg.
FAT.....	31.5 Gm.	RIBOFLAVIN.....	2.00 mg.
CARBOHYDRATE.....	64.8 Gm.	NIACIN.....	6.8 mg.
CALCIUM.....	1.12 Gm.	VITAMIN C.....	30.0 mg.
PHOSPHORUS.....	0.94 Gm.	VITAMIN D.....	417 I.U.
IRON.....	12.0 mg.	COPPER.....	0.50 mg.

\*Based on average reported values for milk.

BUR CLEANER

# SOLVI-DENT

DIAMOND CLEANER

New formula Solvi-Dent Bur Cleaner and Solvi-Dent cleaner for diamond points are quick-acting, thorough, and convenient. Solvi-Dent solutions keep burs and diamond points clean, bright, sanitary and add greatly to their cutting life.

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1 Bottle Bur Cleaner (8 oz.) \$2.50  
1 Bottle Diamond Cleaner

(8 oz.) ..... 2.50

Regular Price ..... \$5.00

**SPECIAL OFFER, including Glass Dish and Strainer..... \$4.00**

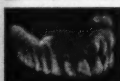
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Now available through your Dealer

THE U. S. DENTAL MFG. CO., Box 1054, Cleveland 2, Ohio

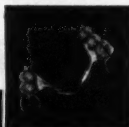


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TOOTHBRUSH

"reaches the interproximal areas of every tooth . . ."



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# *Your Old* **GOLD**



## *Yuletide Greetings*

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### **A HELPFUL HINT TO SANTA CLAUS**

You can almost hear the jingle of the bells . . . for the jolly little fellow with the white whiskers and red coat is on his way to lead the big holiday celebration.

You'll be in it. So, give a thought NOW to provide a little extra "Christmas wherewithal" . . . tap that store of old gold and other precious metal scrap that has been accumulating in your office.

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# *Advantages*

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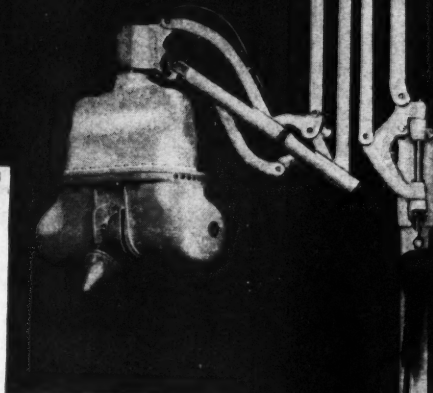
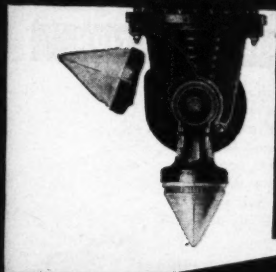
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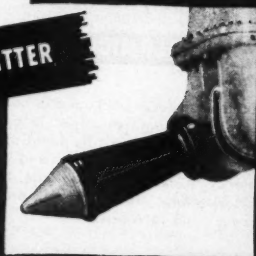
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*Acralite Concentrated Germicidal Solution, diluted according to directions, possesses unusual bactericidal and germicidal potency... It comes to you in convenient, economical concentrated form. It is Non-Volatile, Non-Rusting, Odorless, Stainless, Non-Irritating, Non-Toxic and Stable! Available in half gallon bottles. (When diluted with water, 3 parts to 1, makes 2 gallons of germicide.)*



## ACRALITE CONCENTRATED GERMICIDAL POWDER

*Acralite Concentrated Germicidal Powder is packaged in boxes of 10 small bottles. Each bottle of powder when dissolved in a quart of water, makes a total of 2½ gallons of germicide identical to that obtained with the concentrated solution, and possessing the same extraordinary germicidal potency. It, too, is Non-Volatile, Non-Rusting, Odorless, Stainless, Non-Irritating, Non-Toxic and Stable. The concentrate saves valuable space—and costs less.*

## ACRALITE CLEANSER • DISINFECTANT • LUBRICANT

*The use of this triple-acting solution prolongs the life of your hand-pieces. It cleans all parts effectively and deposits a protective film of germicidal lubricant, thus reducing the possibility of the spread of mouth infection. Acralite CDL contains oil, carefully selected for its lubricating qualities, efficient cleansers, and the same powerful germicide used in our regular germicidal solutions.*



*\*To confirm the findings of our own research workers, tests on the germicidal effectiveness of Acralite Germicidal Concentrates and Acralite CDL were conducted by an unbiased bacteriological laboratory. Copies of their reports are available on request.*

# ACRALITE

# Hygeia Products



**TABLETS**

## ACRALITE PROPHYLACTIC CLEANSERS....

Acralite Prophylactic Tablets and Paste help you make patients' teeth cleaner and brighter. They are scientifically balanced formulas of cleansing and polishing agents, blended with mild, refreshing flavors. Results are uniform. Save time and effort with Acralite Prophylactic Cleansers. The tablets are convenient, economical and dissolve quickly to form an easily applied paste. The paste is already prepared for use. It is of the proper consistency; does not spatter from the brush.



**PASTE**

### ACRALITE BUR CLEANER

Acralite Bur Cleaner quickly removes all debris by chemical action, thus eliminating wire brushing, preserving the sharp cutting edges and adding to the life of the burs. It is equally effective for diamond instruments; it cleans thoroughly in three to five minutes.

### ACRALITE ANTI-RUST TABLETS

Anti-Rust Tablets prevent the rusting, staining and corrosion of instruments frequently occurring in boiling and cold sterilization. Just add one tablet to each pint of water in the sterilizer. It's simple, inexpensive and keeps your fine steel instruments bright and clean.

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Patients like this astringent, cleansing, pleasantly flavored mouth wash. It is supplied in highly concentrated form; dilution with 7 parts of water to one of the mouth wash makes a normal solution. Lessened packaging and shipping costs make for greater economy. Available in 1/2 gallon and full gallon bottles.

**SUPERIOR PRODUCTS for MODERN DENTISTRY**  
ACRALITE CO., Inc., 230 W. 41 St., New York 18, N.Y.

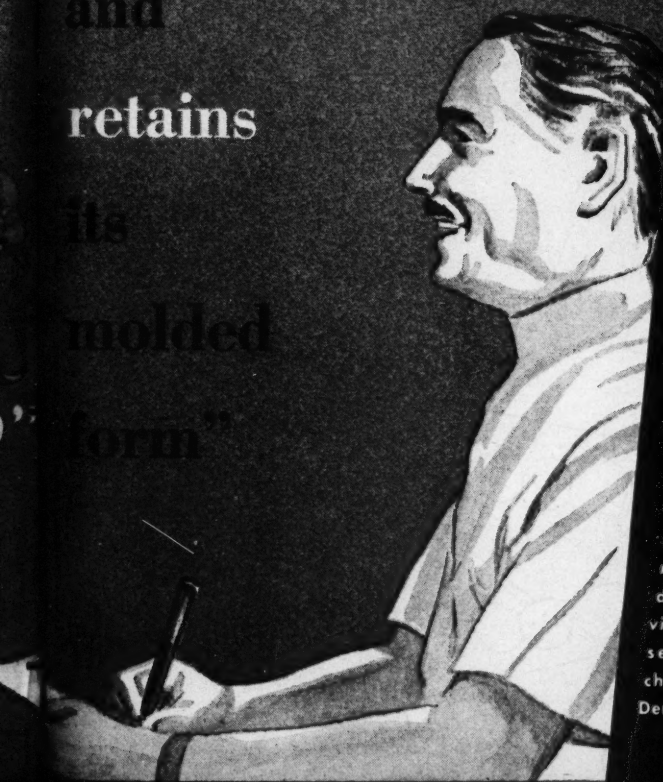
All Acralite Hygeia Products are available through dental supply houses. If you would like detailed information and prices on all these products, just ask for booklet "15."



*Densene "33"*



molds perfectly  
and  
retains  
its  
molded  
form



### **"Strain Control"**

This exclusive feature together with its great strength is the reason why Densene "33" Dentures mold perfectly and do not change form during mouth service... thereby conserving valuable chair time for the Dentist.



Here is an "ANGLE" for C.



# cleaning *each* exposed surface of *each* tooth

The Squibb Angle Toothbrush, available now with 2 rows as well as 3 rows of bristles, simplifies proper toothbrushing as you recommend it. *Each* exposed surface of *each* tooth is accessible to the Squibb "Angle". Thus patients' teeth are cleaned the way you want them cleaned.

The exclusive features of this unusual brush — *mouth-mirror angle*, *jog angle* and narrow shank — are well designed to enable your patients to more easily and more effectively follow your instructions for proper cleaning of the teeth.

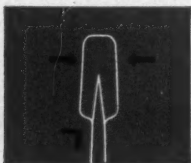
Help your patients to help themselves to better oral hygiene. Specify the Squibb Angle Toothbrush, available with 2 or 3 rows of natural or synton bristles.

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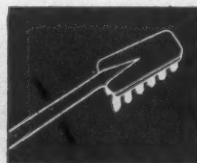
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JOG ANGLE  
SMALL HEAD



NARROW SHANK



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new 2 ROW  
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If you are not fully satisfied, you may return for full refund.

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Color: gold caduceus, green cross, copper background

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for the treatment of  
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Athletes Foot and other externally caused conditions.

1 1/4 oz. jar \$1.00. 4 1/2 oz. \$3.00

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for the care of the  
**SCALP, HAIR and YOUR HANDS**

contains Olive Oil, Lanolin and other proven constituents.

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We will completely rebuild your handpiece and angles like NEW. All old parts removed and empty housing completely rebuilt. A test will convince you. Prompt Service.

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— 50,000 UNITS AND 100,000 UNITS EACH —

## *Crystalline Penicillin G*

POTASSIUM SALT

Oral penicillin therapy is conveniently and readily established with Tablets Buffered Penicillin-C.S.C. Supplied in two potencies—50,000 units and 100,000 units of crystalline penicillin G potassium salt—each tablet provides a sufficient quantity of buffer to minimize destruction of the contained penicillin by the gastric HCl. *This preparation requires no refrigeration: potency loss need not be feared at room temperature, even in the tropics, for the period of outdating (18 months).*

The Crystalline Penicillin G Potassium Salt-C.S.C. employed is of exceptionally high potency—not less than 1,435 units per milligram—and is penicillin G. In vials of 8 and 48 tablets, each tablet containing 50,000 units or 100,000 units of crystalline potassium penicillin.



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## FULL DENTURES PARTIALS



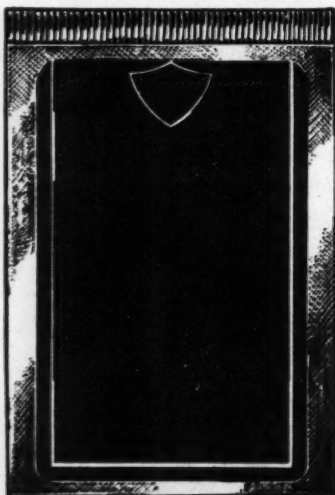
## INDIRECT INLAYS

**A Product of Many Uses** It is extensively used for impressions for immediate dentures, inlays, crowns, fixed bridge work, and as a wash for corrective in full denture impression taking . . . also for duplicating models.

**A New High In Accuracy** Unbiased tests in every-day practice rate this as the most accurate material on the market. It registers and holds the finest details.

**Tougher Than Hydrocolloids** The finished impression has a tough dense body that eliminates chance of distortion during pouring of the model. Surfaces of model are hard as rock, smooth as glass.

**No Fixing Solution** No capsules or retardants to dissolve. It is ready to mix as it comes from the package. Use ordinary tap water . . . ice water not required.



### It Hugs The Tissue

There is no sagging or slumping when taking high vault impressions. Palatal bar cases go right to place.

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The regular package furnishes more material than any other on the market. Full-portion units are over-size to take care of large mouth impressions without waste.

### Half-Portions Too

In addition to 10 over-size full units, each box contains 4 generous half-units . . . sufficient to take average small mouth impressions. All half-portions if you wish.

1 Box, \$4.00    3 Boxes, \$3.75 ea.  
12 Boxes, \$3.50 ea.

1 lb. moisture-proof Glass Jar, \$3.50  
12 Jars, \$3.15 each.

*Order from your Dealer and  
make the No-Cost, No-Risk Test*

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# NOW You Can Get *pHisoderm*

REG. U. S. PAT. OFF. & CANADA

**A New, Revolutionary Way  
to Protect Your Hands**

# *pHisoderm*

REG. U. S. PAT. OFF. & CANADA

**A Sudsing, White, Synthetic Skin Cleanser  
of Amazing Efficiency and Compatibility**

**Y**OUR hands, doctor, are your most valuable assets . . . and at last you can give them the protection they deserve. No longer need you risk the itching, dryness, burning, scaling or more serious skin irritations which even the "mildest" soap too often precipitates. Phisoderm, developed especially for dentists and doctors who must wash their hands with great frequency and diligence, offers complete compatibility in addition to a cleansing action whose greater rapidity, efficiency and thoroughness is little short of astounding. Here's why:

- Normal Skin pH —** As its name implies, Phisoderm is of the same pH (5.3) as normal skin. Soap—any soap—is highly alkaline, having a pH of from 9 to 11.
- Complete Compatibility —** Unlike soap, Phisoderm contains no alkalis. Hence, again unlike soap, it neither irritates, leaves an irritating deposit nor exerts a keratolytic action. Phisoderm is also valuable in other dermatological conditions NOT initiated by soap.
- Greater Efficiency —** Phisoderm is about 40% more active than soap; lowers surface tension of water to a much greater degree; and is a powerful emulsifier and peptizer of soil. Hence . . . a marked increase in rapidity and efficiency.
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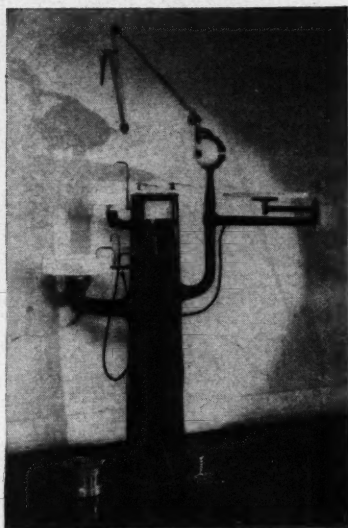
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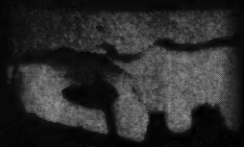
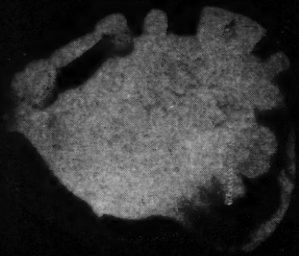
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Aug. 6, 1947

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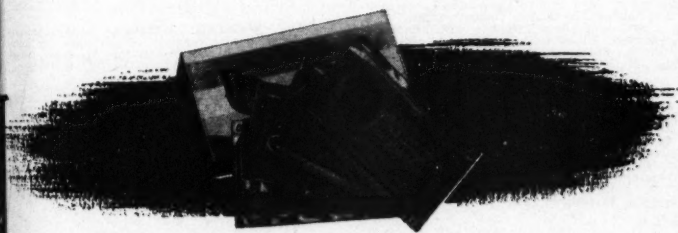
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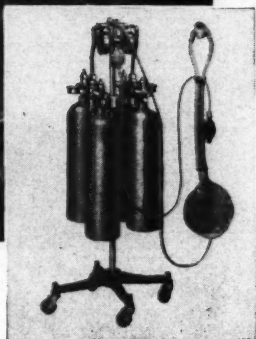
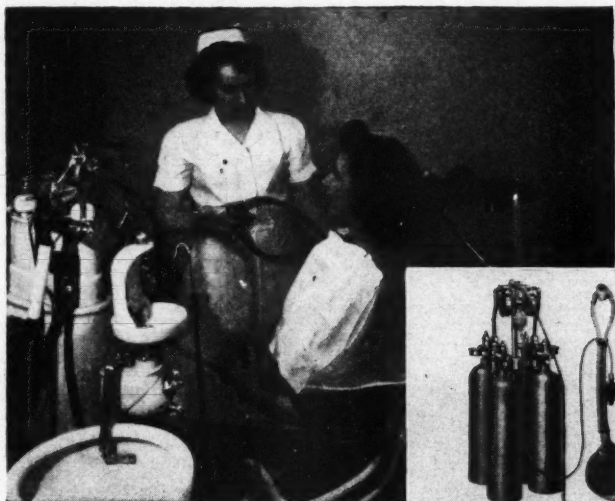


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Abbott Laboratories	1975
Acrallite Co., Inc. The	2040-41
Acrl-Lux Dental Mfg. Co., Inc.	1973
Aget-Detroit Company	2052
Alkalol Co., The	2016
American Cabinet Co.	2019
American Sterilizer Co.	1979
Anacin Co.	2002-03
Anzell Specialty Mfg. Co.	1983
Austenal Laboratories, Inc.	1898-99, 1980-81
Baker & Co., Inc.	1996-97
Bosworth Co., Harry J.	1977
Bristol-Myers Co.	1890, 1995, 1999, 4th cover
Burton Mfg. Co.	2060
Camel Cigarettes	1885
Caulk Co., L. D.	1894-95, 2030
Central Dental Mfg. Co.	2052
Cervical Hygiene, Inc.	2035
Ceramicast, Inc.	2053
Chicago Wheel & Mfg. Co.	1970
Cleveland Dental Mfg. Co.	2nd cover
Coago	1966
Coe Laboratories, Inc.	1988
Columbia Dentiform Corp.	2048
Columbus Dental Mfg. Co.	2023
Comfort Mfg. Co.	2018
Commercial Solvents Corp.	2049
Cook-Walke Laboratories, Inc.	1982-83, 1974, 1976, 1978, 1982, 1990, 2051
Corega Chemical Co.	2058
Cosmos Dental Products Co.	2042-43
Crescent Dental Mfg. Co.	1966, 1990, 1991, 1994
Cutter Laboratories	1951
Dee & Co., Thomas J.	2036
Dental Perfection Co.	2054-55
Dentists' Supply Co., The	1886-87
Dewey School of Orthodontia	1978
Diamond Crown Instruments	1903
Drucker Co., August E.	2026
DuPont de Nemours & Co., E. I.	1892-93
Durallum Products Corp.	1881
Emerson Books, Inc.	1986
Fischer & Co., H. G.	2022
Flint-Eaton & Co.	2004
Flossy Dental Mfg. Co.	2016
Forhan Co.	1904
Fowler Co., Inc.	2048
French & Co., Samuel H.	1958
Garhart Dental Specialty Co.	2032
Gem Products Co.	1981
General Aire Co.	2020
Getz Corp., William	2050
Glazbrook Bros.	2008
Gum Products, Inc.	2010
Halford, Dr. J.	1966
Handpiece Glove Co.	1908
Harvey Dental Specialty Co.	1974
Hatch Co., B. G.	1984
Hoover Uniforms	2035
Hudson Products, Inc.	1984
Hu-Friedy Mfg. Co.	2004
Inlays, Inc.	2020, 2025
Iteco Dental Mfg. Co.	2037
Ivory, J. W.	1976
Jelenko & Co., Inc., J. F.	1900, 1994
Johnson-Oglesby Mfg. Co.	1982
Johnson & Johnson	1972
Justi & Son, Inc., H. D.	1949
Kerr Mfg. Co.	1985
Kolyne	2031
Konformax Division, Fernalox Co., Inc.	1977
Kumfort Tyne Co.	1984

Lacher, S.	19
Lang Dental Mfg. Co.	15
Lauer Metal Shop	15
Lyons Tooth Powder, Dr.	15
Manhattan Uniform Co.	15
Masel Co., Isaac	15
McKesson Appliance Co.	15
McKesson & Robbins, Inc.	15
Meisinger Co.	15
Menax Chemical Co.	15
Merck & Co.	15
Merrell Company, Wm. S.	15
Mintmax Co.	15
Mizzy, Inc.	204
Morgan, Hasting & Co.	15
Morris, Ltd., Phillip	15
Motiloid Co., Inc.	15
Moyer Co., J. Bird	15
Mullen Bros.	15
Myerson Tooth Corp.	15
National Biscuit Co.	15
National Synthetics, Inc.	15
Neo-Quest Chemical Co.	15
Ney Co., J. M.	15
Num Specialty Co.	15
Odontographic Mfg. Co., Inc.	15
Ohio Chemical & Mfg. Co.	15
Orex Laboratories, Inc.	15
Pelton & Crane Co., The	15
Pepsodent	15
Periodontal Specialties Co.	15
Petra Mfg. Co.	15
Pingst Mfg. Co., Inc.	15
Pittsburgh Specialty Co.	15
Poll-Grip	15
Porcelain Dental Laboratories	15
Premier Dental Products Co.	1982-83
Professional Dental Products	15
Professional Printing Co.	15
Raber Rachman	15
Randall-Faichney Corp.	15
Restore-Dent Laboratories	15
Reynolds Tobacco Co., R. J.	15
Ritter Co., Inc.	2038
Rocky Mountain Metal Products Co.	15
Rose, David	15
Rota-Seal	15
Schneider, M. W.	201
Sherman Co., Nat.	201
Silvermine Specialties Co.	201
Silvudent Company, The	2044
Smith & Son Mfg. Co., Lee S.	1980, 2000, 201
Solvident	201
Sprague & Co., J. A.	19
Spyco Smelting & Refining Co.	3rd cover
Squibb & Sons, E. R.	2044
Star Dental Mfg. Co.	2014-15
Standard Laboratories, Inc.	188
Sterile Products Co.	1982, 201
Stern, I.	201
Stim-U-Dents, Inc.	19
Sweet, Chester T.	19
Ticonium	1894-95
Torik Mfg. Co.	201
Union Broach Co.	1974, 1984, 198
United States Dental Mfg. Co.	201
Universal Dental Co.	1984-85
Urell, Inc.	201
Vernon-Benshoff Co.	1954-55
Vince	18
Wander Co.	201
Werner Dental Mfg. Co.	1984-85
Wetherill Products Co.	1982
White Dental Mfg. Co., S. S.	1984
Whitehall Pharmaceutical Co.	1981, 2000
Wiggins Sons Co., H. B.	1981, 2000
Winthrop Chemical Co.	1981
Young Dental Mfg. Co.	1981



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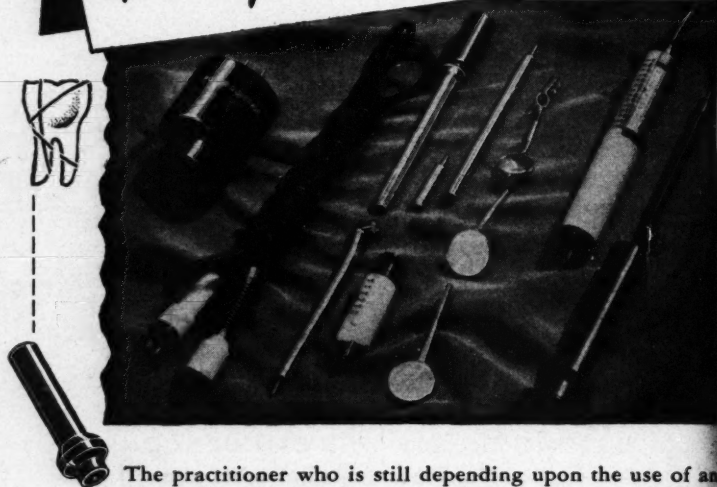
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